THE OHIO

MEDICAL AND SURGICAL JOURNAL.

Vol. III. Columbus, March 1, 1851. No. IV.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Clinical Remarks on the Treatment of Intermittent Fever.* By CHAS. A. LEE, M. D.

GENTLEMEN: We have seen that there is something of a specific character in malarious Fever—its cause is a specific virus, which perhaps makes its impression on the ganglionic system of nerves, through the medium of the blood, and thus deranging the whole nervous and secretory system. Now it would seem *a priori*, very unphilosophical, if we should first set about to repair the consequences of this noxious agent—if our attention should be mainly directed to the impaired secretions, the morbid excretions, &c., which characterize this class of diseases, instead of aiming first of all to stop the paroxysms, and thus by removing the cause, put an end to the effects. It seems to me, that physicians too generally lose sight of the main indications, and thus lose much precious time by endeavoring to combat accidental complications—prescribing for symptoms instead of the disease. No disease, perhaps, is more easily managed than an Intermittent Fever, when the patient has been removed from the malarious causes to which it owes its origin. But this is not often practicable, and it will be your lot to combat the enemy on his own ground, and entrenched within his own strong-holds. The earlier the attack, if well directed, the more successful; otherwise, you have the force of habit to overcome, as well as the influence of the remote cause; and the dangers of debility, and accidental complications, will be superadded to those of the disease.

The notion that intermittents should be allowed to run their course unmolested, may be traced very far back in the history of our science—it grew out of the old doctrine of the concoction of the

humors—the belief, that a morbid matter existed in the blood, which the paroxysms tended to eliminate. As the state of the fluids is, however, due to the morbid impression made on the nervous matter, if this impression can be counteracted and controlled, proper depuration of the blood by secretory and excretory action, will go on, and the normal state of this fluid be restored.

Without resorting, therefore, to what is usually called preparatory treatment, I would, for the most part, proceed at once to the administration of the appropriate remedy, Cinchona bark, or its alkaloid, Quinia, in such doses, and at such intervals, as the circumstances of the case may seem to demand. An emetic of Ipecac and Antimony, which is so often premised, often only seems to develope and concentrate grastric irritation, and in many instances, to render the case more unmanageable. Calomel, either alone or in combination with other cathartic agents, is usually premised; and general blood letting in some cases may be proper, but is also frequently injurious, from its influence in lowering the vital forces, reducing the *vis conservatrix* and the nervous energy, thus favoring a tendency to venous and capillary congestion. If there is very great vascular fullness and activity of the circulation, with tendency to cerebral congestion, a single bleeding is certainly proper, but as a general rule, it will not be necessary, and should be avoided. If the bowels have been constipated, and there be evidence of fœcal accumulations in the intestinal canal, with signs of torpor in the secretory vessels, it will be very proper to bring about a full and free evacuation by castor oil, containing a few grains of calomel or a portion of oil of turpentine, or a combination of rhubarb, senna, and sulphate of magnesia. But active purging should be carefully avoided. Don't be over anxious about the liver, or the biliary secretion; for if you check the paroxysms promptly, this organ will take care of itself. The day has gone by, when the liver could be made the scape-goat of all malarious fevers; and we now recall with astonishment, the infatuation under which the profession (led on by some fanciful but ardent theorizers,) labored; attributing most, if not all, the phenomena of these diseases to congestion of the portal circle, and the vena cava ascendens; and resolving all the indications into emulging this system of vessels by mercurial purges. Formerly, I was in the habit of beginning the treatment of simple intermittents invariably with an emetic or a calomel cathartic; of late years, however, I very rarely prescribe either, but begin immediately with the quinine, and pushing it to

that extent as may speedily control the disease. I see more and more reason to regard this agent in the light of a specific, or antidote to malarial poison, and find that it acts as such, even when used as a prophylactic. There may be, and is, a difference of opinion in the faculty with respect to the doses, and modes of administration; some preferring a single large dose just before the cold stage, while others think they find greater efficacy in small doses, given every two or three hours during the intermission. The latter mode is that which I prefer, after many trials of both methods. I usually give, in solution, with the aromatic sulph. acid, two grains every two or three hours, and find this sufficient to arrest the disease in a vast majority of cases. Now and then a case occurs, which requires a larger quantity, but these are exceptions to the general rule. I think, indeed, that I have seen great injury result from the administration of large doses of quinine — in one case, a recent graduate in medicine, a fatal apoplectic attack immediately succeeded on swallowing twelve grains of this substance to arrest an intermittent. In several other cases, also, I have known dangerous cerebral attacks speedily follow a large dose of quinine.

The indications during the paroxysm are to guard against dangerous congestions during the cold stage, to prevent excessive reaction in the hot stage, and promote perspiration during the sweating stage, so as to relieve the internal viscera and the vascular system. If you bear in mind that the vascular fullness, pains in the head and back, thirst, hardness and activity of the pulse, &c., are not indications in these cases of a phlogistic diathesis, but nervous phenomena—the expression of a febrile condition merely, and will speedily subside to give place to phenomena of an entirely opposite character; you will see the impropriety of resorting to the lancet, as is so frequently practised. There is no buffy coat upon the blood—the symptoms are not those of inflammation, nor is the antiphlogistic treatment indicated.

I have said that I would not subscribe to the prevalent notions with regard to the propriety or necessity of preparatory treatment by bleeding, cathartics, or emetics, in a majority of cases of simple intermittents, although I am aware that such practice is generally pursued by the profession. Prof. Drake, for example, recommends, in some cases, bleeding, and in all, an emetic, as the first remedy; giving it either during the hot stage, if the patient is not plethoric,

or in the intermission, or at the access of the chill, which, he says, it often shortens, and sometimes averts. True, a full evacuation of the stomach is often followed by a decided improvement in its condition, by a moist skin, a tendency to sleep, &c., but can not these same results be brought about by other means, less distressing to the patient, and less likely to develope gastric irritation. It seems to me so, and the cases are very rare indeed, where I should think it expedient to resort to their use; and so of cathartics, we are told that in the commencement of these cases the bowels are generally torpid, charged with feculent matters and bile, and that whether an emetic be given or not, a cathartic is always proper, and indeed indispensable, and that this, moreover, should always be calomel, so as to emulge completely the hepatic ducts. But as I have already suggested, this derangement of the secretory and excretory apparatus of the liver and intestinal canal, is but the effect, which will subside on the removal of the cause — stop the paroxysms, and the secretions become healthy as the natural consequence. If you endeavor to clear off the tongue, or remove the sallow or yellow hue of the skin, or procure healthy looking discharges by the repeated use of cathartics, you will be doomed to disappointment; this is an error, which may be excusable in the Botanics and Eclectics, but which is entirely unpardonable in a regularly educated physician of the orthodox school. You may, and will prostrate the strength, and inflame the mucous membrane of the stomach and bowels, but instead of preparing the system for successful subsequent treatment, you will only render the case more embarrassing and difficult — more tedious and protracted.

The curative treatment of intermittent fever then, rests on the principle of establishing, by some agent of a specific character, a new action in the system, which may supplant the febrile, and this we effect, with very great certainty, as I have already said, by some of the salts of quinine — the sulphate is that on which the greatest dependence may be placed.

There seems to me, to be scarcely any remedy which is employed so extensively, whose true character and effects are so little understood by medical men. Some rank it among stimulants and tonics — others place it among narcotics and sedatives — some deem it antispasmodic and sudorific; while others still, call it a *specific* — an agent *sui generis*, whose peculiar mode of operation cannot be explained, as it differs from that of any other. The primary impression made by this agent, is on the ganglionic system of nerves, but

in larger doses it involves the cerebral lobes and nerves of special sense, as exhibited in the vertigo, deranged vision, tinnitus aurium and transient deafness, which so generally follow excessive doses. Its action is dynamic, it breaks in upon morbid associations and paroxysmal phenomena, and puts the system in a condition to resist noxious influences. To the heart, it gives increase of tone and contractive power, thus lessening the frequency of contractions, and restoring the fullness and force of the pulse. By tranquilizing the innervation, it brings the functions of the capillary and secernent systems to their normal state. In appropriate doses, we see its influence exerted rather on the muscular system of the apparatus of organic life, than upon the functions of animal life, and it may be characterized as antidotal, antiperiodic, and in one sense, specific; for no remedial agent yet discovered, can at all compare with it, in point of efficacy in controlling malarious diseases of every type and kind. We must not regard the cinchona, as many do, simply in the light of a tonic agent, it is this, but it is something more and better—it is a febrifuge, in the strictest sense of the term; a medicine which can excite peculiar actions in the system, subversive of, and incompatible with the febrile, and of course corrective of all those derangements consequent on the primary diseased innervation. We connect, and very justly perhaps, the idea of evacuation and revulsion with the operation of most of our remedies, but here, we may dismiss these notions from the mind, and regard our medicine simply in the light of an antidote, controlling the disease by some mysterious influence exerted on the nervous matter. I do not say it is always certain—that it is an infallible remedy; there are accidental complications, and organic lesions occasionally met with, which interfere with its efficacy, and prevent its legitimate effects, and which tend to render any treatment uncertain and protracted. It is so with iodine in scrofula, mercury in syphilis, bleeding in pneumonia; but in simple uncomplicated cases of intermittent fevers, cinchona, or its alkaloid, deserves the name of specific, as much as any medicine for any disease in the whole catalogue of nosology.

Dr. Copland advises, that when the patient can not be removed from the continued influence of malaria during the treatment, that the doses of quinine or bark should be as large as the stomach will bear, and exhibited shortly before the expected return of the paroxysm, or immediately after the sweating stage, when the intermissions are short or incomplete; and he thinks, too, that its effects will be

promoted, and that it will not so readily offend the stomach if it be given with camphor, opium, capsicum, pepper, cinnamon, &c., according to the peculiarities of the case. I think, however, that the advice to give quinine in as large doses as the stomach will bear, hardly safe, for I think I have seen injurious consequences result from inordinate doses of this article, even in cases where no uneasiness was excited in the stomach by its administration.

Within a few years, and chiefly through the influence of our army surgeons, the practice has been introduced of giving much larger doses of this article than practitioners were formerly in the habit of giving; but the advantages resulting from the practice, are by no means obvious. It is not unusual to hear of tinnitus aurium, or deafness, cephalalgia, impaired vision, &c., following its use when given in very large doses. Thompson mentions the case of a man who was rendered insane by taking 24 grs. of quinine in one day. (Treat. on Mat. Med. vol. 11, p. 219.) In another case, a man took 48 grs. quinia for the relief of asthma. Four hours after, he experienced noise in the ears, dullness of the senses, vertigo, and severe vomiting, and seven hours afterwards he was blind and deaf, his mind wandered, and he was unable to walk, the vomiting still continuing.

Bretonneau calls attention to the danger of giving quinine in large doses, and I may add that the French Academy of Medicine have decided, after a full discussion and investigation of the subject, that the same therapeutical effects may be obtained by the ordinary doses of the remedy, as by the large doses. Dr. Rush treated intermittents with cathartics and bleeding, followed by the bark in substance, immediately preceding the paroxysm. Dr. Eberle seems to have pursued a similar course; but where there was a relapse after the quinine had been administered, he allowed the paroxysms to recur till the 5th or 7th day, and then gave quinine in 2 gr. doses every hour, commencing about six hours before the cold stage, and where he gave the bark in substance, he administered two drachms at intervals of an hour, within the last five hours of the intermission; a plan which I can recommend from repeated trials. As the antiperiodic influence of quinine is but temporary, it is necessary to continue its use long after the arrest of the paroxysms, else you will almost inevitably have a relapse, where the patient remains in the malarious district. Your antiperiodic has produced an impression, incompatible with the morbid action, as long as its influence lasts;

when it has subsided, there is no reason why the ague should not again recur. Its influence, then, is to be prolonged; *quinism*, is to be kept up; the general health is to be promoted; the strength sustained; the functions re-established. For this purpose, any of the bitter tonics may be used, gentian, columbo, serpentaria, quassia; but the cinchona bark, itself, either in the form of the compound infusion, or powder; of which latter, a drachm may be taken before each meal, which will generally prove most efficient. The nux vomica and strychnia have also very great efficacy in fulfilling this indication, and also as prophylactics. I have often known a pill of $\frac{1}{16}$ of a grain of strychnia, with 2 grs. extract of gentian, or with 1 gr. of quinine, given three times a day before eating, ward off successfully an attack of ague, in a highly malarious region, and in persons strongly predisposed to an attack. It is generally conceded that where there are strong marks of an inflammatory condition, unless proper antiphlogistic measures are previously employed, the bark may lay the foundation for visceral indurations, rheumatism, dropsy, or other maladies; and I have recently seen a case in consultation, where there was reason to believe that brandy and black pepper, which had been frequently used to break the chill, had caused enlargement of the spleen, if not other visceral engorgements. I have for some years been in the habit, where visceral indurations or enlargements existed, of giving quinine in connection with calomel or blue pill, and with good effects. Where there was great torpor of the skin, it may be advantageously combined with Dover's powder, nitrate of potash, and other diaphoretics; and where there is a full pulse, and active circulation, antimony may be combined with it.

There are other antiperiodics, which have more or less reputation in the treatment of intermittents; such as the bark of the Cornus florida; the Liriodendron tulipifera; the different species of salix, or willow; the horse chesnut, Virginia snake root, columbo, gentian, quassia, &c. The antiperiodic properties of these different substances are not strongly marked, and no great dependence can therefore be placed upon them, except as simple tonics, in which capacity they are very important. For resolving internal congestions and indurations, the muriate of ammonia is one of the most powerful remedies which we possess; and for this purpose it may be given to the extent of dr. iij. daily, either alone or in connection with quinine, and continued for some time after the quinine has been suspended. The

iodine is, however, more generally used for this purpose; its efficiency is often much increased by its combination with mercury, potash, iron, or arsenic; the latter, perhaps, being the most efficient alterative that we possess in these cases. I have often succeeded in reducing splenic engorgements by the free use of iodine of iron.

The arsenious acid will often prove successful in protracted and obstinate cases of intermittent fever, after quinine has apparently failed. It is well to combine it with quinine in some cases, and especially with opium, in the proportion of 1 gr. of arsenic to 4 grs. of opium; of which, 16 pills may be made, and one given every 6 hours; continuing them until gastric irritation, epigastric tenderness, or incipient œdema, show that the medicine has been carried as far as is safe. If 15 or 20 grs. Sulph. Quinine be added to this formula, it will probably prove still more efficient. The best substitute for the quinine, of an indigenous character, which I am acquainted with, is an extract of the Cornus florida, or sericea, given to the extent of half a drachm or more in the 24 hours.

The remarks already made, relate, for the most part, to the treatment of simple ague, for remedial measures, however, must vary, as complications arise. In the inflammatory forms, especially, as we often meet with it in the spring, general or local bleeding will often be demanded, especially when there is a strong determination of blood to the head, lungs, or liver, and the paroxysms prolonged, with incomplete apyrexia, indicating visceral inflammation. The access of the hot stage appears to me to be the most suitable time for practicing it. In the cold stage, bleeding might often prove hazardous. It should be aided by cooling saline diaphoretics, cold sponging, and diluents, and the free use of quinine during the apyrexia. In the low and adynamic forms of the disease, the warm vapour bath is very serviceable at the access of the paroxysm, and will often succeed in arresting it. Hot fomentations over the abdomen, with spirits of turpentine, and also to the spine, should not be neglected; mustard cataplasms to the epigastrium are also of great use. If there is much tenderness or fullness in this region, local depletion will be proper, aided by warm fomentations afterwards. The symptoms of an irregular or complicated ague, must be met as they arise. You have here, an incomplete intermission, an imperfect, hot, and sweating stage, and a severe and protracted cold stage. If you examine carefully, you will generally find congestion or

inflammation of some of the important organs of the body, demanding general or local depletion, or a combination of the means already mentioned. Cerebral congestion can be very successfully encountered by the cold douche, or affusion, which is one of the best remedies in the hot stage, of every form of the disease. I am opposed to emetics in this form of intermittent, owing to the tendency to cerebral congestion, and inflammatory action in the stomach, liver, or spleen; though I have no objection to calomel, to be followed by castor oil. I would relieve general plethora and local congestions, by general and local depletions, and would relieve all fœcal accumulations and morbid secretions by free evacuations, and then push the specific quinine as fast as the case would admit; not in large doses, but in small and frequently repeated, until near the expected paroxysm, when from 4 to 6, or even, in extreme cases, 8 grs., with 2 grs. of opium, or a gr. of morphia, might be given in a single dose. Gastric irritation, and congestion, if the experiments of Mr. Annesly may be depended upon, may be delayed by a full dose of calomel, aided, perhaps, by opium; for this physician has showed that calomel, in large doses, diminishes vascular action in the stomach and upper portions of the intestinal canal. But, to secure this effect, it must be free from corrosive sublimate, which may be effected by washing it in alcohol or distilled water. I have found quinine, given with the calomel, under such circumstances, succeed admirably in quieting the stomach and allaying irritation. We do not believe that inflammatory or congestive complications contra-indicate the use of quinine, provided the requisite evacuations have been premised; on the contrary, we hold this to be an affection in which we may, with advantage, resort to the almost simultaneous employment of depletions, purgatives, and quinine, and he will prove the most successful practitioner in these cases, who combines these various means with the greatest judgment. In this, as well as the simple form of intermittent, the quinine must be given long after the paroxysms have closed; or, at any rate, some substance must be administered which is calculated to stimulate, in a more or less permanent manner, the nervous system of organic life, so as to efface the morbid condition, or impression made upon the system by the exciting cause of the disease. Though many substances have this febrifuge action to a certain extent, none possess it to that degree as the cinchona and its alkaloid.

To the diseases, simulating intermittents, of which the rheumatic and neuralgia are the most common, the same general principles of treatment will apply; and it is well to recollect that in malarious localities you have various diseases assuming an intermittent type, and owing probably, to the same specific cause; as different disorders of the stomach, gastralgia; entralgia, or colic; epistaxis; toothache; otalgia; catarrh; asthma; palpitations; headache and hemicrania; gout; amaurosis; nephralgia; hysteria; painful affections of the spleen; neuralgia, &c., &c.; all of which, if they do not demand, with various modifications, the same general treatment, may yet be successfully combatted, by the judicious administration of quinine.

BUFFALO, Jan. 25, 1851.

ART. II.—*Singular Case of Tonic Contraction of the Fingers, Relieved by Electricity. By* R. M. DENIG M. D. *Columbus, O.*

The perusal of several interesting articles in some of the late foreign journals, on the application of electricity and galvanism for the relief of obstinate nervous diseases, brought to my recollection the following case, which occurred in my practice a short time before leaving the east.

Though not a case of much moment, it is nevertheless worth something, as an evidence of the remarkable efficacy of electricity as a remedial agent, when other apparently well directed means have failed to produce any relief.

The subject of these remarks was a colored girl, of 13 years of age, of ordinary good constitution. Whilst enjoying apparently perfect health, she became affected with a rigid tonic contraction of the fingers of the right hand. So perfectly tight were they drawn into the palm of the hand, that the nails were indented deep into the flesh, without, however, causing any solution of continuity. There was considerable rigidity and firmness in the muscles of the fore arm, and the whole arm and hand in some degree painful. When I was first called in to see the case, I was strongly tempted, from the known viciousness of her disposition, to suspect her of feigning sickness to avoid the performance of domestic duties. All attempts, however, to open the fingers by force were utterly fruitless; they were, to all appearance, as rigidly contracted as they could be in death.

A careful and closer examination of the functions of the various organs, failed to develope any aberration which might have been supposed sympathetically to have produced the existing state of affairs. Next, the whole spinal column was carefully subjected to pressure along its processes, especially in that region which supplies the flexor muscles of the hand; no preternatural tenderness could be discovered. What, then, was the pathological condition existing, which could give rise to this singular phenomenon? Foiled in all our attempts to elicit any rational solution, we again recurred to our original belief that the case was one of feigned sickness.

Acting somewhat upon this supposition, our prescription was compounded of the "*most villainous stuff*" the range of the dispensatory would admit—having regard, at the same time, to its purgative and anthelmintic qualities. The medicine was regularly taken—operated with sufficient energy upon the bowels, without, however, dislodging any worms, or mitigating in any degree the rigid flexion of the fingers. Judging from her willingness to undergo medication, and from the same state of affairs existing during sleep, we became satisfied there was no feigning in the matter, and concluded to address our remedies to the nervous centres, which, after all, might be the source of the trouble.

Wet cups were freely applied along the nucha and the upper dorsal vertebræ. These were applied frequently; and stimulant applications applied to the whole course of the arm and forearm.

This treatment, combined with alteratives, tonics, &c., was energetically persevered in for more than three weeks, without producing the slightest mitigation of the symptoms. Having failed in all other means of relief, it occurred to us that electricity might operate advantageously, in some way or other, in the case. An electrifying machine of some magnitude being at command, the suggestion was at once carried out. A Leyden jar of considerable capacity was charged, and passed some three or four times through the arm—the fluid being drawn out at the neck. The patient was then insulated, and placed in connection with the prime conductor, and repeated sparks drawn from the upper portion of the spinal column.

I should have remarked that she manifested no fears of being "*shocked,*" as she termed it, but on the other hand, expressed a strong desire to be relieved from the painful flexion of the fingers.

After having applied electricity in the manner alluded to above, I took her hand in mine, and upon applying the slightest possible trac-

tion, the fingers readily came open, to the great joy of the patient, and the satisfaction of all present. Flexion and extension of the fingers was practiced a few minutes, when they obeyed the volition of the patient, and she was cured.

Now can you indicate to us the probable pathological condition, and what agency electricity exerted in the cure?

ART. III. — *Laceration of the Scrotum.* By JOHN C. NORTON, M. D., *Marion, O.*

J. R., aged about 22 years, Sept. 3, 1849, while adjusting the strap of a thrashing machine, the leg of the pantaloons, on the inside, was caught by the keying of the tumbling shaft, and wound around the shaft, drawing him down until the scrotum became involved, and wound once and a half around the shaft, tearing it entirely loose from the body, and stripping the skin, from the penis to the attachment of the prepuce at the glans. The integument was torn from the perineum about midway from the attachment of the scrotum to the anus, around on the inside of the thighs, and meeting at a point on the pubis, about one inch above the penis; thus tearing off, along with the scrotum and skin of the penis, a strip of integuments about one inch in width, entirely around the line of their attachment to the body.

Dr. C Lewis, of Waldo, was soon called, who applied a soft napkin, saturated with tepid water, to the parts, and administered a dose of morphia, to allay pain and irritation, until I could be sent for. Dr. Lewis, being much fatigued, lay down to sleep, (about two hours,) until I should arrive. Immediately after the Doctor left the patient, an officious old Dutchman took off the cloth: alledging that the patient would take cold in his "*brivates*, and in his *pody* too." Instead of the wet cloth, he applied a dry one, which I found dried to nearly the whole surface of the wound. This was soaked with tepid water, and carefully removed. The patient was lying on his back, the left testicle hanging over on the outside of the left thigh, and the right one lying on the bed, between the thighs. The surface of both testicles and spermatic cords, was dry and hard from exposure to the air. The scrotum, and other portions of loose integuments, were lying high up on the abdomen, still attached to the

penis at the prepuce. The integument of the penis was entirely inverted.

Assisted by Dr. Lewis, I proceeded to dress the wound. The integument of the penis was replaced by tucking the body through and drawing the skin down over it. The testicles were placed in their normal position, the scrotum and lacerated integument applied carefully to the denuded surface, and confined *in situ* by a few sutures; over this was applied a simple dressing of soft cloths, saturated in tepid water.

On the seventh, (third day from the accident,) the wound was opened, when about one half of the integument of the penis was found adherent.

The mortified portions of skin were removed, the wound washed, and a light dressing of simple ointment applied; over which, a portion of peritoneal membrane of a hog, taken from the lard about the kidney, was laid, to exclude the air as perfectly as possible. From this time, the wound was washed and dressed in the same manner every third day.

In three weeks the wound was healed, and the patient about his business.

The integrity of the testicles is perfect.

It may be proper to remark that there was very little constitutional disturbance during the progress of the case. The bowels were kept open by mild laxatives, and the patient restricted to a rather low diet.

ART. IV.—*Rupture of the Uterus.* By FREDERICK T. HURXTHAL M. D., *of Massillon, Ohio.*

Mrs. Forgey, aged 37; of Irish descent, a fine, healthy woman, of good physical development, in labour with her seventh child. About two hours after active labour set in, and during a very severe and protracted pain, she screamed out: "Oh Docther! something's broke; just feel this lump;" which, for a few moments, occupied the umbilical, then passed into the iliac region. This was attended with immediate suspension of all pain, pulse began to sink, and faintness and dyspnœa occurring at every attempt to assume the sitting posture, thirst became very great. The accoucheur persuaded himself that nothing of moment had occurred, consoled himself and the friends that all would soon be well. After the lapse of

10 hours, all the above symptoms becoming more urgent — pulse almost imperceptible — my partner, Dr. Shreve, was called in; who, upon hearing the history, was at once satisfied of the character of the trouble, and at once proceeded to deliver by instruments, the head having remained impacted in the basin of the pelvis. As soon as delivery was effected, she sank and expired. Dr. S. in order to convince others of the correctness of his diagnosis, introduced his hand, and found an extensive laceration of the fundus and right lateral wall of the uterus.

Of the seven births, the first was stillborn and delivered with instruments; second, living, large child, and born without aid; third and fourth, dissected away; fifth and sixth, stillborn, without aid; seventh, stillborn, with instruments.

ART. V. — *Tumors of the Female Mamma.* By THOMAS W. GORDON, M. D., *of Bazetta, Ohio.*

June 23d, 1845, was called to see Mrs. G., aged 35 years, of a lymphatic temperament, mother of six children. Found the left breast very much enlarged with a tumour of the size of a large coffee-cup, occupying the central, lower, and inner part of the mamma, the nipple drawn in, the tumour extremely hard. As a whole it was of an irregular, oval shape, but had many points that were rough and hard. There was constant pain, and a discharge of ichorous pus from a deep, ragged-looking ulcer, about one inch from the nipple, below, and to the inner side. I was informed by the lady that the tumour had commenced five years previous to my being called, that she had been unable to nurse from that breast with her last three children, and that for the last three years there had been a constant discharge from this ulcer in the side of the breast, which, with the constant pain, had reduced her almost to a skeleton, in appearance. She informed me that the tumour, for the first three or four years, was much smaller than at present, and that it had increased very rapidly for the last few weeks.

A part of the time the discharge had been of an ichorous character, and had abraded the cuticle, wherever it came in contact with the skin. I ordered Oint. of iodine, camphor, and opium to be applied to the breast, twice daily, until it should produce considerable irritation; then desist for a day or two, and again to be used. This

application was kept up constantly for near two months, when not a vestige of the tumor could be felt. The ulcer had healed after about six weeks.

This lady afterwards bore a healthy child, and nursed without difficulty from the breast, nor has she ever had any difficulty with it from that time to the present.

I have used this ointment, in my practice, since that time, and with marked sucess. Within the last few months I have been called to see very many cases of similar character, though none that I considered as severe as the case detailed, and the success has been complete. Many nursing mothers, who have been afflicted after every confinement, with pain and tumefaction, have, by the application of the ointment, been completely relieved in a very few days.

I here append the formula that I have used, and, should it be the means of relieving any of the many thus afflicted, my object will be accomplished.

R. Iodine, grs. xx; Hyd. Potass., grs. x; triturate thoroughly; add Camphor, scr. j., with a few drops of alcohol; triturate as before; add Lard, oz. j, and when there is much pain, add Opii., grs. xv. to xx., and form an ointment.

My object in using the Hydriodate of Potass., was partially to facilitate the trituration of the Iodine; and whether the Iodine alone would have done the same amount of good, I am unable to say, as I have been satisfied to use the formula as above; I have not tried the ointment without the addition of the Potass.

ART. VI.— *Of the Retained Testicle Extruded by Accident. By* DR. J. M. ARMSTRONG, *Berlin Ohio.*

In the autumn of 1842, I was called to see a gentleman who the messenger informed me, was laboring under Hernia. When I arrived, I found what I supposed to be, a case of Inguinal Hernia; but upon further examination, I discovered that it was of a peculiar form and density. When upon still further examination, I discovered that one of his Testicles had been retained from infancy, and that the supposed Hernia, was this testicle, which had passed through the inguinal ring. Upon a more particular investigation, and by com-

paring the supposed Hernial tumor with the Testicle in the Scrotum, I found that they were exactly similar, and came to the conclusion, that the supposed Hernia was in fact the retained Testicle, that had been forced out of its abnormal resting place, by the effort the patient had made in attempting to raise a beef that he had slaughtered. I replaced it, or reduced it with little difficulty, after which, upon the introduction of my index finger, into the ring, which was large, I could feel the Testicle pressing against the internal ring.

This case, to me, was rather singular, never having read or heard of a case of the kind. Therefore I kept my eye on the patient, for sometime, and learned from him lately, that it never had escaped since, nor had anything like Hernia appeared. But he stated to me, that whenever he attempts to lift heavy loads, he can feel the *nut*, as he calls it, pressed against the ring.

Now, had this been a case of simple Hernia, it would most probably. have returned again, for his occupation being that of a butcher, and being called upon to lift frequently, and the ring being large, Hernia would undoubtedly have taken place. The retained Testicle appears to act as a plug, in, or against the ring, and prevents the escape of any of the abdominal contents.

ART. VII. — *The Nature and Origin of the Properties of Organized Bodies.* By FRANCIS CARTER, M. D., *Prof. of Physiology, &c., in Starling Medical College.*

As discoveries in relation to the intimate structure, mode of formation, nature of pathological changes, &c., of the various tissues of organized beings, are now of frequent occurrence, and as they are made by many different observers, often widely separated, it is not to be wondered at if important truths, legitimate results of such discoveries, should not at once present themselves to the mind. At the same time, it is not to be expected that different minds, viewing the same facts in different relations, should connect therewith, every one, a chain of reasoning in accordance with such diversity of views.

Hence we have, and shall have, many opinions advanced, most of which, no doubt, shall prove more or less unsound. Yet will not their promulgation be useless; for, as in matters of fact, we require

that the correctness of one man's observations shall be tested by the varied experience of many, so should we look to the acumen of many minds, the conflict of opinions, to elicit truth and repress error, in results arrived at by induction.

Under the impression of such views, the following papers are written — not as containing, by any means, a full exposition of the opinions advanced, or of the facts upon which they are founded, but as presenting, rather, a synopsis of both, sufficiently full, it is believed, to be intelligible to those who have made modern physiology a matter of study, and to arrest the attention of professional readers, who do not happen to be aware that a number of men, many of them admirably qualified, have been for years engaged, patiently, almost silently, but with astonishing assiduity, in exploring a new province in the realm of nature, in establishing a new science; one which presents the strongest claims to attention, whether from its intrinsic beauty and peculiar interest to the naturalist, or, as being the very foundation of all rational practice of the healing art.

It is our design to speak of the principal phenomena presented by living beings, applying to their elucidation the recent observations of trust-worthy men, and giving, what seems to us, the *rationale* of each. Sometimes, perhaps, carrying our views beyond the point which actually ascertained facts would seem to warrant.

This, however, is unavoidable in many instances, if general deductions are to be made, as settled points are yet too much isolated to do more than serve as guides to our course. Reasoning, and even hypothesis, must be resorted to, to connect the series.

We are aware that, by many, such disquisitions are held to be of very questionable value. Your "practical man" has set his face against "all fine-spun theories," and will have "facts" — "demonstrated facts" — they must be "practical" too, to suit his taste. With such, and they are legion in our day, we will not quarrel: believing that mental laziness, or an extremely limited appreciation of things, is the basis of such predilections.

A knowledge of facts is indeed indispensable to him who would insure success in any pursuit, but, by itself, it must ever be worthless. It is false that "knowledge is power;" the intellectual appreciation, the reasoning application, *Wisdom*, is that which indeed confers power.

Reason must always be interposed between the knowledge of facts and their useful application, and the wisest man is he who can thus use them to most purpose; in his view, every truth is pregnant; those often least so, which, to the thoughtless or the ignorant, appear as all that can be desirable.

We should remember, also, that there are few truths capable of demonstration. Most of what we receive as such, are merely probabilities; strong ones, it may be, yet not certainties. How shall we proceed then? "Appeal to the evidence of our senses?" They are deceiving us every hour, though educated by habitual corrections of reason. Must we insist upon the forms and precise logic of the mathematics, in dealing with physiology? No; it is wholly inapplicable.

In relation to the few, simple, and all-pervading properties of inorganic matter, certainty is attainable, and can be appreciated by any ordinary mind; while in regard to the phenomena of life in man, placed as he is in relation with the creation at large, influenced by everything of which he can take cognizance, and by many things of which he knows nothing, *certainty*, to any extent, is out of the question.

The mind of the Infinite who created, and only His, viewing the relations of every part of His creation, is capable of evolving perfect simplicity out of its, to us, interminable complexity. Only as man's mind approaches this standard of intellectual capacity, will he *approach* certainty in his conclusions.

A different standard of truth must be recognized in matters of science such as we purpose to treat of; a conventional one 'tis true, but none the less necessary and natural. We must hold that opinion or view of the relation of things as the true one, which, without being absolutely repugnant to, or irreconcilable with, any well-established truth, will, at the same time, serve to show a natural relationship between co-ordinate facts, and tend to develop from this relationship, the laws which govern the whole. If sufficient knowledge of facts be had, and sound sense exercised in judging by this rule, the approved result will be as little liable to error as can be predicated of anything human.

Trite as these remarks may appear, they seem to be called for by the mental tendencies of the present day. Reasoning from received

data, which have subsequently proved erroneous, has so often misled, that multitudes seem inclined to discard it altogether: failing to see that in almost every example of their so much despised "theory," it was only, or chiefly, in the foundation,—the facts,—the very gods of their idolatry, the unsoundness of the fabric lay.

As germain to this, another source of popular fallacy deserves mention: the "test of experiment" is just now the rage, and each succeeding day revolts our common sense by the announcement of absurdities, each more gross, if possible, than its predecessor, yet duly "proven by experiment." This "questioning of nature" is made to prove, like the application of the "*question*" to the accused of old, almost anything the investigator may desire.

Few know how difficult it is to devise and try a really good experiment, and how still harder it is to deduce from the result of one, or of any number, a law, or rule of general applicability. In such investigations, it is only by narrowing down, so that the truth or falsehood of a process of reasoning shall depend upon the establishment of a single point, that we may hope to escape deception, from unnumbered sources of fallacy.

So long a preface may well demand apology. The nature of the subjects which we propose to investigate, the superficial degree of attention too often bestowed upon such, and the brevity with which we shall be compelled to treat them, would seem to demand thus much at our hands.

All particles of matter, whether simple or compound, are capable of exhibiting certain phenomena when placed in the necessary circumstances. Such capacities are termed properties. Properties are *sensible* when the conditions necessary for their manifestation are fulfilled. They are *latent* when these conditions are withheld.

In the latent state, such properties are as truly possessed by matter, as in the active or sensible. They can neither be conferred upon it, nor withdrawn from it—they are inseparably connected with its existence by creative power, and may be said, in their aggregate, to indicate its identity. Compound bodies are held by some to possess only those properties which existed in their components. We think this doctrine untenable, and hold on the contrary:

1. That a property not being an entity, but a quality or capacity for action merely, has its origin in the essential condition, or *actual*

state of the matter in which it may be manifested, and is inseparable from *such state.*

2. That matter is capable of such change as to render any manifestation of its former properties impossible; in which case, the possession of others totally distinct will necessarily result.

This radical change of condition having for its result, a corresponding change of properties, such change of condition or transformation is, in fact, the production of a *new material*, not necessarily possessing in common with, nor deriving from the old, any other than the properties common to all matter. It is only by the manifestation of its properties we can arrive at the conviction that matter exists, and by observing the manifestation of radically different properties, we are led to recognize the different forms of it, and designate them accordingly. Matter, in its *entity*, may be the same throughout the creation; *species*, or radically differing forms of that entity, are yet as numerous as created objects — and they can only be inferred from the manifestation of properties peculiar to such special states.

No true *compounds* are mere *mixtures* of the components—molecularly, or in any other sense. The formation of a compound implies the abrogation, through actual union and change, of its components, as truly as the evolution of the components again, implies the abrogation of the previously existing substance. Every such compound is a distinct thing — a *single* (if not so truly as any other, a simple) body — as fit a subject of creation as the simplest, and holding its properties in virtue of its actual state as such created thing, and not as in any sense derived from its components.

Oxygen and hydrogen no more exist as such, in water, than water exists in them; nor do the properties of water pertain, in any sense, to those elements, any more than the properties of the gases are derived from the water. Water was as truly *created* as oxygen and hydrogen.

Again: a property being only a quality, is not a thing capable of division or construction, and therefore of partial appropriation. O. and H. cannot be supposed to contribute each a certain amount of a property, nor yet a component part of it to water; and we certainly have no reason to suppose that each element is possessed of all the properties in a latent state, and as little that they are divided between them — O. possessing some, and H. the remainder. It would be correct to say that the substances, O. and H., were *created* with the property of combining, each with the other, in a definite

manner; the result of such combination being the *formation* of water, which substance was *created* with the capacity for de-combination, which results in the formation of O. and H. *Creation* here means, as it every where should, the original production of a distinct form of matter; this, to be so distinct, must have *distinguishing* properties. *Formation* implies only the reproduction of a previously existing *form*, or species, with such properties as its type was endowed with by *creation*. We have the power of *forming* many substances, but only at the expense of others. We can create nothing — in so forming, we destroy not the *entity*, the *matter*, but only the *state* or *form* in which the matter existed; and with that peculiarity of form, or state, vanishes also the properties peculiar to it. To satisfy our idea of creation, it is not necessary that the type or form created, should actually have been called into existence — it would be sufficient that all the antecedents had been perfected — that the components had been endowed by creation with the power of combining, so as to form the new type whenever the conditions obtained. That special endowment of the elements would be, to all intents and purposes, the creation of the product, though its formation should only occur to-day, by the manipulations of the chemist furnishing for the first time the necessary conditions.

As in the inorganic, so in the organized world — certain forms, species, or types, were *created*, every one with its distinguishing properties or characteristics — and all, with the power of inducing the *formation* of other individuals of its own type, by so influencing certain forms of matter as to cause them to assume its own peculiar typical or identical condition, and therefore manifest the typical properties. This is re-production — re-formation, merely; not creation. Did one of the created types influence the change of matter so as to produce a *new* type, or an essential form, other than its own, that were creation, as truly as though it originated the matter in its entity of which it was composed. Thus, there can be no *developement* of one type of organism by, or through, another. Such developement would be tantamount to creation, and the agent a creator — at least by proxy. The individual man is developed from the monad; true, but that monad is essentially the undeveloped individual man. In the perfect state only — the state of typical developement — can the individuals of a type of organization influence matter to the production of new and independent organisms of the race; were it other-

wise, the type might degenerate through all the phases presented in the developement of its individuals.

The apparent exceptions to this law presented by plants, polypes, &c., are not real; the product of gemmation is not a new individual of the type — it is, when separated, as truly a part of that from which it sprang, as though still maintaining physical connection — the grafted scion, or cutting, makes no new tree, it is *but an extension of the old*, making use of other roots; its properties are identical with those of the stock, individual as well as typical; from the date of its severance it will not live the lifetime of the race, but only the unexpired lifetime of the stock — increased means of nutrition, and increased production of germs of new individuals, are the only objects of division.

We hold, then, the *Type* to be an object of "*Creation;*" the *Germ*, of each individual, of "*Formation;*" the *Individual*, of "*Developement*," and the properties of each, to be by the fiat of the Almighty, the direct and inevitable result of the *peculiar condition* of the entity, or matter involved; and in the inorganic world, each form of matter to be a created thing or species in itself, though other forms or species shall be found to result from its abnegation.

Although identical things must always possess the same properties, it yet depends upon the relations which subsist between any given form and certain other materials, whether those properties, or which of them, shall be manifested. Those relations are hence called the "*conditions*" for such manifestation. With changes of conditions, will always occur corresponding changes in the manifestation of properties. There are no changes truly spontaneous, i. e. there is no effect without a cause. The manifestation of its properties as a species including the change of one form or species for another, under the influence of certain conditions, constitutes the amount of *action* of which matter is capable. Those actions vary essentially in their character, and are divided into groups accordingly — as, Physical, Chemical, Vital, &c.

To the consideration of the latter group, we shall particularly direct attention.

(To be continued.)

ART. VIII. — *Treatment of Dysentery.* By J. WATSON TULLIS, M. D., *Troy, Ohio.*

Dysentery prevailed very extensively in Troy and its vicinity, during the latter part of the summer of 1850. It was marked by the usual symptoms of Epidemic Dysentery. A number of cases proved fatal, under the ordinary treatment. I mean, by ordinary, the mercurial and anodyne treatment, with the occasional use of cathartics.

During previous years, I had treated Dysentery according to the plan generally recommended in the books, but never with the uniformly happy result which attended an almost entirely different course of treatment, adopted by me during the last summer.

I had lost confidence in the mercurial treatment, not only from my own oxperience, but from the numerous concessions as to its uncertainty, on the part of those who had trusted in it.

The cathartic treatment, resorted to by almost all, so far as I know, it seems to me, is still more objectionable. Although it induces fecal evacuations, yet it does so at the expense of the delicate and inflamed mucous membrane of the bowels. The natural evacuations, thus induced, do not depend on a subsidence of the *disease*, but upon the excited contractions of the muscular coat of the bowels, upon the already inflamed and painful mucous membrane, which must inevitably aggravate the pain and inflammation, and, consequently, increase the danger of the case. If the mucous secreted is lessened, or suppressed by such treatment, it is because there is such an exaltation of organic action, as is incompatable with the process of secretion; and the mucous, or muco-bloody discharges will return, probably, with increased profusion and frequency; unless, indeed, from the mildness of the disease, or the recuperative power of the system, recovery is effected in spite of the treatment.

But I will briefly present the simple treatment which I have adopted, and which I can recommend, with the utmost confidence, to my medical brethren.

I direct Sulphate of Morphine, in doses varying from $\frac{1}{6}$ to $\frac{1}{3}$ of a grain, one of which is to be taken every time the bowels are moved, provided the interval be not less than one-half hour; thus giving time for the action of the medicine, lest the patient be narcotized. I uniformly give 10 or 12, or more, powders, of quantity suited to the

patient. If I know nothing of the susceptibility of the patient to the action of morphine, I sometimes direct that he should begin with half powders, repeating as above; but if not very soon relieved, to take full doses.

I never used morphine with such profusion as in our late epidemic, and yet, in an extensive practice, did not narcotize a single patient. It is astonishing what an amount of morphine, in Dysentery as well as in many other diseases, is tolerated by those who, under ordinary circumstances, would be readily narcotized.

Having adopted the morphine treatment during the entire period of this epidemic, and in a variety of constitutions, and with, certainly, not less complications than are usually met with in dysentery, during the summer and fall months, I am inclined to prefer it very much, above any other treatment. It is safe, salutary, and free from the horrible torture incident to the mercurial and cathartic treatment.

Of course, regimen is of the utmost importance in this affection. Total abstinence from food, mucilaginous drinks and a suitable dose of morphine after each evacuation of the bowels, will frequently effect a permanent cure in less than 24 hours.

It was only in a few cases necessary to use enemas of laudanum and starch. This, however, should never be neglected, if tenesmus and tormina resist the morphine.

In all cases which resisted treatment by internal means, or were marked by unusual pain, or tenderness of the abdomen, or great prostration, or any other indication of danger, I cupped *freely* and *repeatedly*, and with the *very happiest effect*. In an acute case of dysentery, not controllable by ordinary means, the neglect of local depletion is unpardonable. Perhaps almost the only cases which would not recover without medical aid, are left to perish for the want of *local bleeding*, under the delusion that a *blister* is as salutary as *scarificator* and *cups*. This delusion, or opinion, is not sanctioned by any respectable modern work extant; and yet, perhaps, more than nine-tenths of our western country practitioners, practice upon it, to the torture and sacrifice of hundreds of patients.

Warm emolient poultices, constantly applied, are of unquestionable utility, and should never be neglected in serious cases.

Blisters should never be employed in acute dysentery, because they are a thousand times more painful than cupping, and a thou-

sand times less useful, and because when they fail, you can neither repeat the blister, nor apply cups, until the surface be healed.

In conclusion, permit me to say that, in all ordinary cases of dysentery, suitable doses of morphine, taken immediately after each dejection, with rest and abstinence from food, will effect a speedy cure. As to the severer cases of dysentery, I propose to make further observations, in a subsequent article.

ART. IX. — *Novel Method of Treating Chronic Abscess with Iodine Injections. By* R. L. HOWARD M. D. *Prof. of Surgery in Starling Medical College.*

On the 25th of January, 1850, Mrs. L. G., aged 21 years, was attacked by local inflammation on the anterior and upper part of the right thigh. The acute symptoms soon subsided, but a chronic painless swelling remained unreduced. During the following spring and summer, the swelling gradually increased, but produced no decided inconvenience. Her general health variable, and always delicate, was not materially impaired by the local disease or its cause.

During the prevalence of the cholera in our city, sometime in the latter part of August, she for the first time applied to me for advice. I found on examination, a large fluctuating tumor, extending from pouparts ligament to within four inches of the knee, and from the triceps adductor, internally, to the outer border of the vastus externus muscle. As it was entirely devoid of pain and other evidences of inflammation, and fluctuated at every part, I supposed it to be a chronic abscess.

On the 3d of September, after having corrected so far as practicable her general health, I introduced a tenotomy knife in an oblique direction, into the most dependant part of the tumor, and drew off about one pint of serous pus. I then sealed the orifice hermetically by applying collodion and adhesive plaster. I then procured a laced band, wide enough to pass nearly around the thigh, and of sufficient length to cover in the entire swelling. This was applied and drawn by cords as tightly as the patient would bear. The possibility of wrinkling or slipping down was prevented by the insertion of several sticks of whalebone, parallel with the axis of the thigh. This band was re-applied daily. At the end of one week I again tapped the abscess — removed about the same quantity as before, and treated

the incision in the same manner, which was followed by adhesion by the first intention. Subsequently, I repeated these incisions once in from seven to twelve days. My object was obviously to induce a gradual contraction of the walls of the abscess, and by compression, to induce adhesion between them, so as finally to effect an obliteration of its cavity.

Within the period of three months after the first incision, I tapped this abscess twelve times — at each operation I found the fluid to lose more and more its purulent character, so that it finally became almost entirely serous, holding in suspension flakes of lymph and ill concocted pus. The object of insuring immediate adhesion between the lips of the wound, was, of course, to prevent the admission of atmospheric air, an accident, connected with so large a cavity, fraught with the utmost danger.

After three or four of the first operations, the size of the abscess seemed gradually to diminish; but it finally became stationary and ceased to contract. Here I reflected upon the propriety of laying it open by a free incision, so as to invite the admission of atmospheric air, and an unobstructed discharge of all its contents. As my patient was constitutionally feeble, and had suffered much from former sickness, I feared the consequences. I then adopted the following plan:

On the 11th of November, I punctured the abscess and removed as usual, nearly a pint of glairy fluid, and injected an ounce of water, holding in solution gr. iii. of Iodine, with gr. x. of Iodide Potass. — closed the orifice and induced adhesion. A burning sensation followed this injection, which continued for twenty-four hours. This was accompanied by elevation of temperature, and increased swelling. These symptoms, however, subsided in two or three days, and the swelling remained as before.

November 18, I again tapped and injected into the cavity, after having drawn off most of its contents, gr. v. Iodine, gr. xv. of Iodide Potass. in an ounce of water, and treated the puncture as before. More decided marks of inflammation followed this operation, but at the end of about one week, all excitement, pain, and acute swelling, subsided, and left the tumor in its original condition.

November 27, I injected, after removing all the contents, Iodine gr. x., Iod. Potass. dr. ss., water oz. i., and closed the orifice. This operation was followed by quite a sufficient amount of inflammation. The patient complained of excessive heat and pain in the part — the walls of the abscess, and the surrounding soft parts, became thickened

and indurated by excessive deposite; and the general system was involved in symptomatic fever. I made use of but moderate remedies to subdue the general or local inflammatory excitement, as it was upon this excitement, within certain bounds, I relied for obliteration of the cavity by granulation and plastic exudation. In the course of a week, the acute symptoms began to abate, and a few days later my patient was again comfortable — and yet there was around the cavity a vast amount of solid swelling, the result of the preceding inflammation. I found on subsequent visits, that the tumor was not increasing in its dimensions, but on the contrary, sensibly diminishing.

February 7th, I visited my patient after a long absence, and found the swelling had entirely disappeared, and the general health much improved. I might say here, that during the autumn I had treated Mrs. G. constitutionally, as well as locally. Quinine and other tonics were administered a part of the time, with occasional evacuants, as circumstances required, but my principal reliance was upon Iodide Potass. While general remedies served to improve somewhat her health, they exerted no influence upon the local affection whatever.

I look upon this case, in connection with the treatment, as a most interesting one. Within the limits of my own observation, many patients have lost their lives from free and reckless incisions into such extensive chronic abscesses. Inflammation of the pyogenic membrane, induced by the admission of atmospheric air, together with hectic fever and a high grade of constitutional irritation, are almost certain to follow this rash, but simple operation.

ART. X. — *Poisoned Wound, from the Bite of an Angry Man.* By GEORGE J. SACHSE, M. D., *Columbus, Ohio. Translated from the German,* BY JOHN KERN.

Jacob Zup, 53 years of age, of bilious temperament, a farmer, in indigent circumstances, of intemperate habits; in other respects, of a healthy constitution. On the 30th of June, 1850, this man, in a fight with a neighbor, was bitten by him on the first bone of the thumb of the left hand. The thumb and the whole hand became much swollen in a few hours. Intense pain caused him to seek for relief. On the third day, he went to a, so called, Cancer Doctor, by whom he was treated for 8 weeks; and also by another Quack, for 10 days.

On the 11th of September, patient came to consult me for the first time. At the first glance I saw that his general health was greatly disordered; his body was bent to the left side, his face had a cachectic expression. The bitten thumb was lying directly across the palmar surface of the hand; it measured, in circumference, five inches and two lines; the whole hand and arm, to within six inches of the shoulder, were enormously swollen. The skin on the forearm and elbow, was covered by red erysipelatous spots; the thumb and hand were of a livid color. There was an opening on the dorsal and another on the palmar surface of the thumb, which discharged an ichorous fluid; the fingers were cold, the heat of the hand and forearm was lower than natural. There was intolerable pain in the whole limb, sleep had nearly forsaken him for several weeks, and hectic fever was already preying upon his constitution, and was breaking down his physical strength. There was loss of appetite; continued thirst; tongue contracted, trembling, with red borders; skin of the body dry and rough; urine of a brownish red color, and obstinate constipation since 8 days.

I prescribed cremor tart., with rhubarb, every 3 hours a teaspoonful with sugar, till the bowels were evacuated. Cataplasms of milk and bread were ordered to the hand and arm.

In the evening of the same day, I saw patient again. He had had three evacuations, of a semi-fluid consistence. After one hour's rigors, he had profuse clammy sweat; pulse hard, small, and frequent. In the morning, was somewhat softer and more full.

19th, in the morning. Patient had a restless night; became delirious. The swelling had now reached the middle of the arm. On examining the wounds with the probe, the bone felt rough; the wounds discharged no pus. The state of the patient had become worse, in all respects. In the afternoon I called Prof. Howard in consultation. After a careful investigation of all the circumstances of the case, we came to the conclusion that sacrifice of the limb, by amputation, afforded the only chance to save the life of the patient. The patient immediately consented, and urged its execution without delay.

At 10 o'clock on the following morning, the patient was placed under the full influence of chloroform, and the arm was amputated, by the circular operation, four inches below the shoulder joint. The extent of the swelling made it necessary to amputate thus near to the shoulder. The œdematous condition of the stump opposed, for

a long time, healthy granulation and cicatrization; the flaps remaining twenty-one days, flabby, and without the slightest indication of the healing process being established. During this depressed and asthenic condition of the system, the patient was sustained by nutricious diet, and the most efficient tonics. The decoction of Chamomile, Tinct. of Myrrh, and Camphor, were applied to the wound at every dressing. When granulation finally commenced, the progress of cure was rapid; cicatrization being completed in six weeks.

The above case is the first of the kind which has occurred under my observation, and, therefore, I feel myself entirely incompetent to explain its *rationale.* The empirical treatment adopted in the early stages, might have had some agency in producing the unfortunate condition in which I found him.

Allusion to the following cases of wounds from bite, while the agent was laboring under the influence of strong passions, may be interesting to the reader, in this connexion.

Linguet [1] tells us of a young man who, interfering in the copulation of two dogs, was bitten by one of them, and died a short time after of Hydrophobia.

Biederhoos [2] gives a case where a woman was bitten by an angry cat, and died of Hydrophobia. Also a man [3] aged 45 years, wounded by a cross cat, died of the same disease. Three authentic cases of this kind are published by Rossi.

The bite of birds, engaged in copulation, have been known to produce fatal consequences. A woman, [4] endeavoring to separate two fighting cocks, was bitten by one of them, and died of hydrophobia.

A [5] boy was bitten upon the lip by a drake while engaged in copulation; immediate swelling of the lip, face, and neck followed, and terminated fatally in a few hours.

An Italian, [6] in a fit of anger, bit himself upon one of his fingers, and at the end of 24 hours, died of Hydrophobia.

A man, [7] in a fit of desperation, produced by heavy losses at gambling, bit himself in his hand, and died of Hydrophobia.

Malpighi [8] gives the instance of a mother, having been bitten

(1) Journal Polit., Nov., 1775.
(2) Verhandlungen vanhet Genootsch der Heeld, 2 Deel, p. 72.
(3) Commer. Literat., 1735.
(4) Weikard Philos. Arzt.
(5) Le Cat. Jour. de Med.
(6) Van Swieten.
(7) Philosoph. Transact.
(8) Ponteon Essi le rage Lion, 1763.

by her own daughter, in a fit of anger, died from the same disease. Rust says, that many who had been bitten by persons laboring under the excitement of anger or love, died of tetanus.

ART. XI. — *Accidental Employment of Chloroform in Erysipelas. By* GEO. J. SACHSE, M. D. *Columbus, O. Translated from the German by* JOHN KERN.

On the 31st December, 1850, I was called to visit Mrs. K., aged about 45, who had been laboring under vesicular Erysipelas of the face for three days. There was considerable febrile excitement, constipation, tongue brown and dry, and skin having a yellowish tinge.

Prescribed Cal. gr. xii., followed by an infusion of Sal Epsom and Senna. After free action of the bowels, she was placed under gentle diaphoretics, and acidulated drinks. The disease spread somewhat upon the face, but by the influence of this treatment, at the end of ten days my patient was convalescent.

On the 25th of January, I was again summoned to see Mrs. K., who, the day before, had had another attack of Erysipelas upon the left side of the face. The inflamed surface was covered by a fine vesicular eruption. I administered an emetic of Tartar and Ipecac, which produced free vomiting and catharsis. In the afternoon the disease was found to be spreading — the face was much swollen. I resolved at once to use the colodion, which I had brought with me for that purpose. I removed the cork from what I supposed to be my colodion bottle, and by dipping the extremity of a feather into the fluid, I applied it to the inflamed part, but to my surprise, it did not form a dry, shining, transparent pellicle, or coating, upon the surface — but in place of it, a whitish sediment, formed similar to that observed after the application of Goulard's extract. The redness, however, began rapidly to subside. For the first time, my olfactories detected my mistake — I was using chloroform instead of colodion. This startled me not a little, but observing the happy effect of my new remedy, I continued its application.

On the following morning I found my patient much better. The inflammation had nearly subsided, except at certain points, to which she desired me to re-apply this "blessed water." On the third morning, all redness had entirely disappeared.

Five days after this, I had another case of Erysipelas of the face

in the person of a woman of 32 years of age. The redness of the inflamed surface was not as deep as in the first case. The chloroform was applied more freely but twice only, on two consecutive days. The effect was quite as salutary as in the case of Mrs. K.

I would not propose the external application of chloroform as a sovereign remedy in Erysipelas, by any means. Neither am I certain that it would be generally useful. My experience thus far in its employment, would not lead to such extravagant conclusions. Its happy effect in the above instances, or the favorable change which followed its use, encourage me to repeat its application in cases that may hereafter fall under my observation; and also induces me, in this manner, to call the attention of the profession to it. The suggestion that the history of this accidental employment of chloroform should be published, was made to me by a highly esteemed professional friend, whose wishes I feel bound to respect. If this article proves equally as efficacious as nitrate of silver, or colodion, on account of unpleasant local effects which these produce, it would be preferable to them, as it leaves no discoloration or tenacious coating on the part.

It is not to be expected that any local agent, however salutary, will obviate the necessity for constitutional remedies. In cases where there are disordered digestion, bilious and vascular derangements, and excitement, internal remedies appropriate to the existing indications, must not be omitted.

Art. XII.—*The Nature of Evidence, and the Requisites for the Credibility of Testimony.* By Asa D. Lord, M. D., *Columbus, Ohio.*

All the knowledge we possess, or are capable of acquiring, may be referred to one of the three following heads: First, those primary truths given us by reason, the various operations of our own minds as revealed by consciousness, and the thoughts and opinions formed by the combined action of the several faculties of the mind in the process of reflection; second, the information acquired through the medium of the senses in the processes of observation, experiment, or investigation; third, that which is derived from the testimony of others as the result of their experience, observation, or research. Hence, it is proper to name the exercise of the senses,

the operations of our own minds, and the evidence of testimony, as the sources of knowledge.

To the last source we are indebted for the greater portion of the information we possess, and for nearly all that which we value most highly. In history, geography, and astronomy, in chemistry, and nearly all the branches of natural science, we must depend, mainly, upon the testimony of others for our information. Few have the opportunity to travel, and view for themselves the localities described by the geographer and the historian, the instruments for seeing the wonders revealed by the telescope and the microscope; and few have either the time or the conveniences for performing the experiments which substantiate the great truths on which the whole superstructure of many of these sciences rests.

From these considerations, it is obvious that some acquaintance with the nature and laws of testimony, is important to every individual, but perhaps no class of persons, except those connected with the Bench or the Bar, are more frequently placed where such an acquaintance is of the utmost importance, than those engaged in the practice of Medicine. Not only is the Physician often called to the stand under circumstances of the deepest interest to all concerned, and when the nature of his testimony is to decide questions of the highest importance, and the manner in which it is given may do much for the credit or reproach of his profession, but the new and conflicting views and theories in regard to the nature and causes of disease and the mode of treatment, which are constantly claiming his attention, demand, on his part, a familiar acquaintance with the laws of belief, and the ability to apply them to the facts and arguments by which these theories and opinions are sustained, with clearness of perception and correct judgment, if he would not be a mere empyric in his practice, and receive his opinions and theories ready-made, from those whose lead he prefers to follow.

NATURE OF TESTIMONY.

The office of testimony is to give to us the same information we should obtain by the use of our own powers of observation and investigation, in regard to facts and phenomena, which have not come under our notice; it is employed to establish the existence or validity of facts, not to sustain opinions or theories. Opinions must be substantiated by arguments: the validity of arguments must be tested

by the rules of logic. Theories must be sustained by facts. In order that a theory may be regarded as the *law* by which the facts for which it professes to account are governed, it must be consistent with all the facts and phenomena pertaining to that subject. The existence of one single, well-attested fact at variance with a theory, is sufficient to destroy our confidence in it altogether: not only must it be thus accordant with the facts, but it, or an identical one, must be absolutely demanded by them. Thus, the theory of gravitation is not only consistent with all the facts for which it professes to account, but it, or a similar theory, is imperatively demanded by them; hence, this is without hesitation denominated the Law of Universal Gravitation; but the same is not true of either of the two theories which have been proposed in regard to the nature of light. Harvey's theory of the circulation, is also exactly in point; it was demanded by the facts known, or easily ascertained, in regard to the structure of the heart, the arterial and the venous systems, the pulmonic and the systemic circulation: the same is true of the modern theory of the nervous system, the facts demand the existence of the distinct classes, denominated nerves of sensation, of voluntary motion, and of organic life.

The existence, or the validity of facts which have not come under our own observation, must be established by testimony. Alledged facts may be of two kinds, impossible or possible; no amount of evidence can justify us in believing an impossible thing; only the latter, therefore, can be substantiated by testimony. We may be called to believe strange things, those which are marvellous, and, with our present knowledge, unaccountable; but they must, at least, be *possible*, they must not involve any palpable contradiction, or manifest absurdity. We are accustomed to speak of impossibilities of two kinds, *physical* and *moral:* in the former are included things which are contrary to the known laws of the natural world; as, that a body should exist in two places at the same time; that a circle and a square, or a cube and a globe, should be the same thing; by *moral* impossibility is meant, a very high degree of improbability. The term *physical* impossibility, or the phrase *physically impossible*, is also employed for describing mathematical and other absurdities; as, that two and three should equal seven; that an idiot should demonstrate an intricate problem; while the statement that one who had been an idiot up to the age of twenty, had from that time manifested the possession of an intellect of the highest order,

would be so improbable as to be considered a *moral* impossibility. Possible facts may be classified, first, as *probable* or *improbable*, when they do or do not accord with our experience, or the results of our observation: second, as *credible* or *incredible*, when they do or do not correspond with the known powers of the agent to which they are ascribed, with the laws in accordance with which they are supposed to occur, or by which the producing causes are governed.

To classify accurately, with reference to these distinctions, the statements made in the reports of remarkable cases or wonderful cures, and the certificates of the inventors of specifics, and the venders of nostrums, and the graver assertions of those who are supposed to have a claim to credence, is often a work requiring no little care, and no small degree of critical acumen; for, while an indiscriminating credulousness is indicative of a weak mind, incapable of thinking or judging for itself, a tendency to indiscriminate skepticism is equally characteristic of a bigoted mind, which reasons incorrectly if at all, or upon imperfect data, or from unsound premises, and makes its own pre-conceived opinions the test of all new theories, and its limited observation the standard of probability, by which all alledged facts are to be tried. This is the disposition which, when told that facts do not accord with his favorite theory, leads the holder to exclaim impatiently, "So much the worse for the facts then;" or like the King of Siam, who, when told by a Dutch traveller that in Holland, water sometimes became so solid that an elephant might walk on it, replied, "I have believed many extraordinary things which you have told me, because I supposed you a man of veracity; but now I know that you lie." With a cultivated mind and the ability to discriminate clearly, we can readily see how the king just named, or any other person who had ever seen the metals liquefied by the application of heat, and again become solid when it was abstracted, might have regarded the traveller's statement, not only as possible, but as credible, and even highly probable, without reference to the credibility of the traveller. In the same manner, we can easily conceive how Archimedes, or any other similarly intelligent philosopher of his time, might have given credence to a description of the feats of a steam engine, or any other piece of modern machinery, while his ignorant countrymen would have regarded it as entirely fabulous.

In order to prove the existence of facts or the occurrence of events of which we have not personally taken cognizance, it is desirable

that they should be substantiated by the concurrent testimony of two or more individuals; but cases frequently occur, in which, from the circumstances, this is impossible, and our opinions must be formed from the testimony of a single witness. In such cases, it is necessary that the witness possess most or all the characteristics needed to render his testimony valid; and hence the importance, to every person, of a knowledge of these characteristics.

REQUISITES IN A SINGLE WITNESS.

The most important requisites for the credibility of testimony from a single individual, are the following:

1. Unexceptionable moral character; or, at least, a character for veracity unimpeached and unimpeachable: the importance of this is too obvious and too well understood to need comment.

2. That he be disinterested in the present case; that he have no private or personal ends to accomplish.

3. That he possess a capacity for understanding the facts in regard to which he testifies: the savage would be but poorly qualified to give information in the processes required in the mechanic arts; the man unacquainted with human anatomy, physiology, and pathology, would be equally incompetent to testify to the facts revealed by a post-mortem examination.

4. He must have had full opportunity to observe, for himself, the facts to which he testifies: this will, of course, exclude every thing like "hearsay," or second-hand testimony.

5. There must be satisfactory evidence that adequate attention was given to the facts at the time of their occurrence, and that the memory of the witness does not deceive him. This is a requisite of the utmost importance; the testimony of many a witness is invalidated, and his character for veracity rendered questionable, by the manifest want of attention to the facts, and the confused remembrance of them indicated in his statements.

6. His testimony must be given in plain, unequivocal terms. Nothing is more directly calculated to discredit the testimony, or bring suspicion upon the character of the witness, than the use of ambiguous expressions; and it adds no weight to testimony, to have it expressed in technical language, when common and perfectly intelligible terms may be employed with equal accuracy and propriety.

7. There must be consistency in his statements, and between them and his conduct. Had Columbus manifested an unwillingness

to return to this continent, or had he even seemed indifferent to the dertaking of another voyage in this direction, who would have believed his statements in regard to the discoveries he had made?

CORROBORATING CIRCUMSTANCES.

Aside from these characteristics of the witness himself, there are often circumstances entirely unconnected with his character, his capacity, or his conduct, which have an important bearing upon the credibility of his testimony; among those which tend to confirm his statements are the following:

1. The entire absence of all motives to misrepresent the facts, or to give false testimony, and especially the presence of strong motives of an opposite character; under such circumstances, we often feel impelled to receive testimony without reference to the moral character of the witness.

2. That the witness be aware that he is open to conviction if his testimony is false.

3. When the facts stated, though unknown before, accord with others of a similar nature, already known.

4. When, though without parallel or analogy in our experience or observation, they accord with the known powers of the cause alledged to have produced them.

5. When the facts stated develope laws not previously discovered, or reveal properties or powers in the alledged causes, or the existence of relations, before unknown; here, the farther removed from experience, the greater the probability of the truth of the facts: because, if not true, they would have been unknown to the witness. One of the earliest Greek historians mentions that a ship's crew professed to have sailed from the Red Sea, around the Southern extremity of Africa, and returned by way of the Straits of Gibraltar; but adds, "We know they do not tell the truth, because they affirm that, during a great part of their voyage, the sun appeared north of them at noon!"

6. The entire absence of all conflicting or contradictory testimony, and the knowledge of facts which cannot be accounted for, except by supposing the statements true.

TESTIMONY FROM TWO OR MORE WITNESSES.

When two or more witnesses appear to testify to the same facts, it is important,

1. That each possess all the requisites previously named.
2. That they concur in their statements in all essential particulars.

The following circumstances tend to increase our confidence in concurrent testimony thus given.

1. When one witness mentions facts or particulars omitted by others.
2. When coincidences occur in regard to which the nature of the case and their circumstances, or relations to each other, preclude the idea of collusion.
3. When statements apparently contradictory, are reconciled by a more full acquaintance with the subject.
4. When the characters of the witnesses, and their relations to the subject of investigation, are materially different, and hence their testimony, if influenced at all by personal feelings, would vary.
5. To these may be added, in regard to recorded testimony of every kind, one of the strongest corroborating circumstances is, the general assent to its truth of all those to whom the statements were originally made, and during whose life-time they were recorded.

It will be obvious, without remark, that the views here presented may be applied in every department of investigation or research. To those already familiar with the subject, it is unnecessary to say that the writer claims very little on the score of originality: his object has been to arrange, in a form as condensed as possible, and convenient for reference, an outline of the subject, for the benefit of those who may not have time for consulting the voluminous legal treatises upon evidence, and who may wish to be able to form for themselves opinions which they can defend, as well as state and illustrate, in regard to every subject to which their attention is directed.

ART. XIII. — *Painter's Colic.* By E. C. BIDWELL, M. D., *Keene, O.*

For some months past occasional notices have reached this place from another part of the county, of a new, curious, and very fatal disease — epidemic there — bearing such names as "*Dutch belly-ache*," "*Dry Cholera*," &c. It is only a few weeks since cases of the same have come more immediately under my own observation. From its supposed novelty, and the formidable accounts given of its

ravages — terminating fatally in a large proportion of the cases — considerable alarm was very naturally felt, and no small curiosity. What was my surprise, then, when I fairly got sight of the "animal," to find myself confronting an old enemy, long known as the *Painter's Colic!*

As soon as I was satisfied that the *saturnine disease* which I had to deal with, and the *dry cholera* of my neighbors, were one and the same thing, I made some inquiries into the history of the disease in its earlier localities. I found that non-professional observers had long suspected a certain kind of earthen-ware, manufactured in that vicinity, which, from its cheapness, had come into very general use there, of communicating a poisonous property to the articles of food kept in it — mostly acid substances, as apple-butter, pickles, &c. I have it on the testimony of an intelligent observer, and reliable man, that, of more than twenty cases within the circle of his observation, not one occurred in a family where these "crocks" were not used; and there is plenty of other evidence to the same effect.

When, in addition to these observed facts, we reflect that *lead* enters largely into the composition of the glazing of earthen-ware — some fifty per cent. I think — the case seems too plainly made out to admit of much doubt. Yet I am informed that some of the doctors who have had much experience in the present epidemic, persistently deny that there is any foundation for the charge, and assert that the "crocks" are innocent.

What is, then, this new disease so wonderfully like lead poisoning? Or if it be lead poisoning, and the earthen-ware be blameless, where is the poison found?

I must confess that my own observation of the disease is limited, but so far as it goes, the results of treatment — the *juvantia* — confirm my diagnosis, and the popular opinion.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I. — *Cod-Liver Oil in Phthisis Pulmonalis.*

Dr. LEVICK, Resident Physician in the Pennsylvania Hospital, publishes in the January No. of Amer. Jour. Med. Sciences, fourteen cases of pulmonary disease in that Institution, in which Cod-Liver Oil was used. The following are his conclusions respecting its effects.—[ED.

"If I mistake not, it is highly important that the real value of this remedy should be soon determined. Exaggerated impressions of its worth have no doubt been made, to be followed by their necessary disappointments. All the results promised by some writers from it, have certainly not followed its use in the hospital, nor in a large number of cases in private practice, which, through the kindness of his medical friends, the writer has had an opportunity of closely watching. On the other hand, we can positively say, that most of our patients while using the oil, have increased in flesh, in weight, and in strength; that with most of them there has been a diminution of cough and of expectoration; that with some of them, hectic and rigors have entirely disappeared; and that there have been some so benefitted as to be able to resume their former occupations. We can also understand that it may so strengthen the patient as to enable him to make use of those hygienic means which are so efficacious; that it may thus, perhaps, indirectly cure consumption. Again, in phthisis, as the local affection is but a part of the disease, if the general health continue to improve, we may hope that the diathesis will be, in the course of time, thoroughly changed, and thus, perhaps, cod-liver oil may cure consumption. But these suppositions are merely such; the assertion of its good, but limited effects, are positive. The first may happen, the last have happened.

An objection has recently been made to the use of cod-liver oil, that it produces pulmonary congestion and hemorrhage. This is a plausible suggestion; we have not found it to exist in practice. The only instance in which an attack of bleeding could be positively

traced to the use of the oil, was that of a patient admitted for hæmoptysis, who, after having been in the house for several weeks, with great improvement of his hemorrhagic symptoms, was placed on the use of the oil from some suspicious physical signs. Nausea and emesis were produced by the oil, and a hemorrhage followed the act of vomiting. This may suggest a caution under similar circumstances.

It will be seen that in no instance did any decided benefit arise from the oil until it had been used at least four weeks; it is equally important to observe, that to be of any permanent benefit, its use must be persisted in for a long time, even after the most striking symptoms of disease have in a great measure disappeared; a fact, of which we have always endeavored to impress the importance on our patients at the time of their dismissal from the hospital.

Although then, in conclusion, our experience has not been quite so gratifying as has that of some others, yet the writer is fully prepared to say, that he believes cod-liver oil to be by far the best remedy for phthsis pulmonalis of which we have at this time any knowledge; and that to neglect its use in cases of this disease, unless there be a strong contra-indication, is, under existing circumstances, both injudicious and culpable."

ART. II. — *Observations on Typhoid Fever and its complications, as it prevails in the town and vicinity of Mt. Vernon, Indiana.* By W. H. BYFORD M. D.

THE treatment of simple typhoid fever, so far as I know, generally partakes very largely of the expectant. And this, probably, originates from the fact that most internal remedies, as well as almost all ingesta, irritate the bowels, and are thus injurious. The diet is a matter of the first consideration, and should be of the blandest and least irritating character. What agrees best, generally, is rice-water cooled with ice to suit the burning thirst of the patient, to which he may be confined for the first part of the disease; as debility indicates the necessity of more nutritious diet, animal broths made of lean portions of flesh, any supernatant oily matter being carefully taken off, will answer a good purpose. This kind of bland but nutritious food, should be commenced early in the disease, and given in quantities sufficient to sustain the strength of the patient against

the exhausting influence of the disease, with the same regularity as to time and quantity that we use in the use of medicines. By this course we will avoid the necessity of using alcohol, or other stimulants which, when given in quantities large enough to obtain any effect from them, produce some perturbation in a system already too highly irritated. Quantity, in the use of nourishment, is a matter of the greatest importance; we should use a small quantity at a time, and repeat often enough to gain the required amount. It has always seemed to me, in the small experience I have had in the use of stimulants, especially the alcoholic, that as they are generally used they are more injurious than beneficial; that the rules for administering them should be plain and well understood; and that they should be used only when there is an unequivocal demand for them. And I think, in the case before us, we are not to prescribe wine because we are treating typhoid fever, but for no other reason than that alarming sinking is present. This will be found to be the case usually when treatment has been delayed or inefficient. The nourishing plan should be commenced early, and continued perseveringly and systematically; not by tonics or stimulants, but by the introduction of nutritive, unstimulating aliments, administered with the same scrupulous regularity as to time, quantity, and quality, as we observe in exhibiting medicinal substances.

Another point for consideration, which presents itself to one accustomed to seeing the progress of this disease, is the frequent imprudent assumption of the erect or sitting posture for evacuating the bowels and bladder. This is a fruitful source of the exhaustion supervening on the latter stages of this fever. No excuse, therefore, should be allowed the patient for the interruption of the most entire quietude in the recumbent posture. The means of obviating this difficulty are well known to all, and supplied by the many forms of convenient bed-pans now in use, combining cleanliness with convenience. Frequent change of position in the bed should be discouraged. The idea will readily occur to every mind, that frequent motion and change not only exhaust the strength directly, but also increase the irritation of the bowels, and thus indirectly contribute to the production of the same effect. The urgent thirst that sometimes occurs is too often allayed by the use of different drinks that are not the most appropriate; such, for instance, as acidulated water, soda-water, and other effervescing draughts. We should recollect that in fatal cases the damage generally occurs to the small

intestines, and that acids and neutral salts both will, more or less, irritate the mucous surface of that important portion of the alimentary canal. And experience teaches the important fact also, that in this disease the diarrhœa is almost immediately increased by the use of any of these articles, if used in quantities sufficient to allay the thirst. Ice water in small quantities, or ice in substance, will seldom disagree, and will most effectually accomplish the object we should have in view, to cool without irritating the mucous surface. Sponging the cutaneous surface allays very perceptibly the febrile excitement, and adds much to the comfort of the patient, especially if there is burning heat of the surface — in which case alone it is applicable. So far as medical treatment is concerned, the train of symptoms which need most attention in typhoid fever, is that connected with the intestinal lesions. As this, like most fevers, tends to resolve itself in health after running a definite course, our object should be to arrest the local affections presenting themselves during its continuance, which experience has proven to be most fatal in their effects. Now it is conceded by the weight of authority, that the intestinal lesions are constant and generally the most extensive in grave cases, and are manifested by severity in the symptoms pointing to this source, among which diarrhœa holds a conspicuous place, and the obstinate persistence of this sign is of fatal import. It is also obvious that its continuance must in more than one way aggravate the pathological condition upon which it depends. For example, by the irritation of transporting the contents of the upper bowels and stomach over the diseased surface — by the motion of peristaltic action, and indirectly by the motion of the patient in attending to the necessary calls. It is admitted too, as a fact, that means calculated to prevent, or in any way mitigate, the *characteristic* lesions of fevers where they are known, such as the eruption in small-pox, measles, &c., cause them to pursue a milder course, as also to prevent the *accidental* lesions which are observed in all of them. Hence we infer that such will be the case in the use of remedies calculated to relieve the intestinal disorder in typhoid fever. The remedies, therefore, that will effect the arrest, or even a considerable moderation of the diarrhœa — which is so constantly draining the system — without proving deleterious otherwise, are the great object of our search. In any organ inflamed, in which motion is a part of its function, rest, if not indispensable, is at least desirable in the treatment of that inflammation. Now as the motion in this case is, in a great measure,

dependent upon the irritation produced by this inflammation in the moving part, and as we cannot remove this cause of irritation by any means within our power, the only resource left is to allay that irritation by the use of soothing medicines. The one, according to my experience, best calculated to do this, is opium, in as large doses as are necessary to restrain the diarrhœa, and repeated as often as the patient can bear it. I am aware that opium to any extent, in the disease under consideration, is objected to by many on account of its effects upon the brain, causing stupor, delirium, &c. But we are led to suspect disease of the brain, when, upon examination, no lesions are discoverable — and we should not abandon the use of a remedy for fear of possible danger from it. If we were to do so, we might lay aside many of our most useful and efficient drugs. I think, then, we can make the use of opium the rule instead of the exception. A fact might be mentioned here, which I believe is not generally practiced upon, as to the effects of this medicine upon local inflammation; viz: to keep the system under the influence of large doses of opium for several days, will render local inflammation of the mucous membranes mild and manageable, that have for a long period resisted the most judicious management. Thus patients affected with chronic ophthalmia often take sixty grains in as many consecutive hours, with the most happy effect upon the conjunctiva.

My usual management is to commence with an emetic of ipecacuanha, and follow it in five or six hours with a cathartic of calomel and jalap, in order to effectually empty the stomach and bowels, and thus be prepared for any other treatment that may be indicated. For a febrifuge when there is no pain or soreness in the abdomen, or diarrhœa, the James' powder, or nitrous powders were generally used. When the abdomen is tympanitic, however, with pain and diarrhœa, all other medicines are laid aside for opium in some shape, and the one commonly used is Dover's powders, in as large doses as the stomach will bear, or sufficient to allay the pain and diarrhœa. And should this not be sufficient, opium is added to them, in sufficient doses to have the desired effect, if possible. And although occasionally some degree of stupor may be the result, it is seldom considerable, and never increases to an alarming extent, although as much as thirty grains in twenty-four hours were given. In many instances where delirium, restlessness, subsultus, and jactitation are great, they are *all relieved*, and the patient much improved by large doses of opium, repeated so as to keep the patient constantly under its influ-

ence. I have witnessed cases in which the medicine was suspended from some imagined bad effect, with a return of all the distressing symptoms above named, again disappearing so soon as it was resumed. And in all cases, with very few exceptions, where this course was continued, the patients comfortably weathered through their disease and recovered, it only being necessary to gradually increase the dose to keep up the effect. The complications of this fever, of which by far the most common are pneumonia and bronchitis, although they somewhat modify, do not change the treatment necessary. And however inappropriate opiates may be in the ordinary forms of pneumonia, especially when so frequently repeated, they have in my experience, I may say, invariably produced beneficial results in cases supervening upon or accompanied by typhoid fever. Indeed, the symptoms all yielded sooner than they do under any other course of treatment I have adopted. The treatment consisted in calomel and opium, according to the condition of the bowels, repeated every three or four hours until the mercurial influence was indicated by the ordinary affection of the gums and salivary glands. When this was brought about, the calomel was discontinued, and the patient put under the opiate treatment, as above described. Mustard plasters and fomentations early, and blisters at a later period, constituted the local treatment used in such cases.

CASE I. — *February 4th*, 1838. Was called to see J. H., aged twenty-six years, sanguine bilious temperament. Had been sick four days with fever, pain in head, vertigo and slight delirium at night; aching of bones and back, nausea and sense of heaviness of epigastrium. Tongue coated yellow, edges and tip red, bowels costive, soreness over the whole of the abdomen, with tension. Skin hot and dry. Pulse 120, weak and small. Urine scanty and high colored; in short, he was laboring under typhus fever, which was then prevailing. Ordered an emetic of ipecac, to be followed in four hours with cathartic of calomel and jalap. After the operation of the cathartic, to take six grains of James' powders every three hours, and should the bowels be operated on too freely, to take Dover's powders, grs. viii, every three hours until the discharges are checked. Sponging off the surface, cold to the head.

5th. Cathartic operated in two hours, very copiously. Has taken several of the Dover's powders; but yet the bowels act as often as once every four hours. The stools are thin, greenish, serous, without a trace of fecal matter. Delirium is more decided; the patient

is restless and talkative, but not raving; the surface over the abdomen very hot, less so elsewhere, but rather above the natural temperature; tympanitis; the tenderness great over the middle and right side of the abdomen. Tongue dry and red on the tip and edges. Vomits the Jame's powder. Take Dover's powders grs. viii with gr. ss of opium every three hours. Foment the abdomen with warm camphorated spirits. Take teaspoonful of chicken-water every four hours. If bowels are not restrained, take thirty drops of laudanum as often as necessary to effect this object.

7th, Patient is better, has rested well; complains of no pain; more rational. Pulse about 120, weak and small. Complains of great debility. Has had but two operations from the bowels since last visit, which was directly after it. To keep quiet in the recumbent posture. Continue the medicines and nourishment as last prescribed.

9th, Continues about the same as at last visit; has had four dejections from bowels. Nurse found it necessary to give the laudanum several times; does not remember how often. The opium in Dover's powders was now increased to three-fourths of a grain, and direction given to administer laudanum if necessary. Continue chicken-water, &c.

11th, A slight improvement in all the symptoms. Had one passage, which was more consistent and fecal. The patient continued gradually to improve; but acquired a still farther increase of the opiates, until he took two grains of opium every four hours, with laudanum between these doses occasionally.

J. H. was under this treatment for twenty-eight days, during which time he seemed benefited by each increase in the dose of opium. It appeared always to quiet his restlessness and delirium, which was aggravated upon every return of the diarrhœa. When opium produced merely quiet sleep and the patient could be easily aroused, which was the case with almost all the instances I have witnessed in typhoid fever, I consider it advisable to continue it.

I might detail many cases like the above, but as the symptoms and treatment vary so very slightly, I think it quite unnecessary.

The following is a case complicated with pneumonia, in which the opiate treatment in a modified form was used with great apparent benefit.

CASE II. — W. C., aged 28 years, was attacked March 1st, 1850, with typhoid fever, which continued without other than ordinary

symptoms of the disease, until the evening of the 4th, when he suddenly became chilly, and began to experience difficulty of breathing; had pain in the right side extending to the shoulder, cough, and the next day was expectorating the rusty-looking sputa so common in inflammation on the lungs. His condition on the fifth was the following: Countenance anxious and suffused, with a dusky blush; pulse 120, weak and small; tongue covered with dark brown fur on the middle and root, while edges and tip were red and glossy; nausea, but no vomiting; diarrhœa of thin dark serum, attended with pain, which dated from the operation of a dose of Cook's pills. On the third day of the disease, abdomen tender, and tympanitic with borborygmy, subsultus tendinum and stupor, from which the patient could be easily aroused, and when awake his conversation was vague and incoherent; pain of a dull heavy character in the right side and shoulder; cough, with bloody tenacious expectoration; dullness on percussion over two-thirds of the right lung, below and behind; absence of all respiratory sounds in the lower portion; fine crepitus in a line across the chest, about two inches wide, rather above the middle of this side. Ordered an emetic of ipecacuanha, followed by the following powder every three hours; Cal. gr. ii; ipec. gr. iv; opium gr. i. Mix. Mustard all over the affected side; fomentations with hot camphor to the abdomen; a teacupful of chicken-water every four hours, and drink to consist of gum-arabic water. 7th. Was better, for first twenty-four hours, but since that his bowels have been moved too frequently; is becoming quite weak, otherwise the symptoms are about the same. Continue the powders and pursue the other directions, with addition of Dover's powder gr. viii, as often as necessary to keep the bowels in check. To observe absolute quiet in the recumbent posture. 9th. In nearly the same condition as at last visit, except that his bowels have been controlled by taking a Dover's powder between each of the other powders. This treatment was continued for four days longer, when the gums became slightly affected by the mercury. The symptoms of pneumonia gradually subsided, and in a few more days the simple fever, so far as could be judged by appearances, was the only disease present. On the supervention of ptyalism the calomel was omitted, and the opium and ipecac. with the addition of two grains of camphor to each powder. Dover's powder was continued. It was necessary in the progress of the case to increase the opium in the powders to two grains, and to continue the Dover's powders in the above doses.

The patient lingered for seventeen days before the fever began to yield; convalescence then gradually set in and continued, when the opiates were gradually diminished in quantity until he was out of all danger.

My object in the above communication has been to detail, in as intelligible a manner as I could, a course of treatment which I think will be found beneficial in many instances of this troublesome fever, and I am in hopes that no one will condemn the course above described without first giving it a trial. I believe they can the more readily consent to do this from the consideration that the treatment is not so defined either by authority or the interpretations usually put upon symptoms as indications for treatment, as not to justify any course, however different from the one commonly followed, that experience may upon trial sanction.

I would here mention another circumstance which I have often observed in this fever, viz: that purgatives or laxatives produce very exaggerated effects when administered by the mouth, and will mention one instance as illustrative of their kind of influence. I have a patient now under treatment who informed me that one teaspoonful of castor oil operated on her in five minutes, very copiously, producing violent griping pains. She also informed me that in an ordinary way she required more than the usual dose to affect her. On the second day after she mentioned it to me, it became necessary to administer another laxative. I determined to satisfy myself whether she was mistaken in this respect. I accordingly gave her a teaspoonful of oil, and in ten minutes she had a copious serous evacuation, and it was necessary in half an hour to resume the opiates in order to control its effects.

Although the above is an extreme case, yet it will be necessary to bear the fact in mind, and use injections alone as laxatives to avoid undue irritation of the bowels.— *Amer. Jour. Med. Sci.*

ART. III.— *Cases of Tracheotomy for the removal of Foreign Bodies.* By D. GILBERT, M. D.

In these cases, the one aged one year, the other three and a half years, the operation was performed in the usual manner with entire relief of symptoms of impending suffocation, and yet the foreign bodies were not discharged or extracted through the opening made. In the case of the youngest child, a part of a grain of roasted coffee had

been drawn into the windpipe with the inspired air, and immediately gave rise to the characteristic symptoms of foreign body in the trachea; the paroxysms recurring more frequently, and becoming more alarming in their character, the operation was performed at the end of forty-two hours after the accident. The coffee not appearing at the opening made, a probe was cautiously passed down into the bronchii and up through the rima, but the foreign body was not discovered. Having observed the patient to swallow immediately after the opening was made, the mother was directed to examine the diapers, and thus the next day was found the undigested piece of roasted coffee, which doubtless had been located above the opening, and was carried up into the pharynx and swallowed as soon as the spasm of the muscles of the larynx was overcome by the free admission of air below.

In the other case, a piece of raw sweet potatoe had been taken into the windpipe during a violent inspiratory effort when at play with other children. There was immediate dyspnœa, threatened suffocation and livid countenance; these symptoms subsiding, the parents supposed that there had merely been an arrest of the body in the œsophagus. The paroxysm recurred, however, when they sent for their physician, J. Weaver, M. D., of York county, who requested that I should be sent for, as an operation, in his opinion, was the only means of relief. We found indubitable evidence of the presence of the foreign body in the *trachea*, and the low operation was performed in the usual manner. In this case I observed that a moment after the opening was made in the trachea, the child swallowed, and exclaimed "Now it is out." All the symptoms of foreign body in the windpipe disappeared. The probe was, however, carefully introduced, as in the other case, and with the same results. Both cases had a rapid recovery, and did well.—*Am. Jour. Med. Sci.*

ART. IV.—*Report of Cases occurring in the New York Hospital, with remarks.* BY FREDERICK D. LENTE, M. D., Resident Surgeon.

CASE 1st.—*Large Hydrocele.*—John Redden, aged 44, native of Ireland, laborer, was admitted into the Hospital under Dr. Post, with a tumor of very large size, in the left side of the scrotum, and presenting all the characteristics of hydrocele, in a marked degree. Between *three and four months* ago, patient first noticed a swelling in the lower part of the scrotum, and it has gradually increased in

size to the present time. Owing to the rapid formation of the tumor, the sac has not become thickened, as is usually the case with large hydroceles, and its translucency is beautifully apparent.

Treatment.—Nov. 11th. To-day, the fluid contained in the tumor was drawn off, and amounted to *forty-two ounces.* After this, the tincture of iodine, diluted with three parts of water was injected, and allowed to remain ten minutes.

Dec. 1st. The tumor, which reappeared, as usual, after the operation, has been gradually subsiding for the past two weeks, and has a hard, solid feel; it will no doubt eventuate in a cure of the disease. Patient is still in the Hospital.

Remarks.—The points of interest in the above case are, the large size of the tumor, and the rapidity of its formation. The amount of fluid, though quite unusual, is not, by any means, unprecedented. "In this country," says Curling, speaking of his own, "it seldom exceeds twenty ounces." "The largest quantity which I have met with, is forty-eight ounces. Mr. Cline is said to have removed from the historian Gibbon, as much as six quarts." Dr. Post has removed as much as three quarts at one time.

Another point of interest in this case, and a practical one, is the very slight amount of inflammation and pain which followed the injection of so large and recent a hydrocele. Although the iodine was allowed to remain ten minutes, so little pain was felt at the end of an hour, that it was necessary to make the patient walk about, and to rub the sides of the sac together, to aid the remedy. Curling says—"When the fluid amounts to more than ten or twelve ounces, the hydrocele is unfit for injection; because the extent of the serous surface in large hydroceles, is liable to render the effect of this treatment more severe than is desirable."—p. 197 of his work on "The Testis."

CASE 2d.—*Sloughing of the Penis from Simple Gonorrhœa.*—T. McC——, 28, Nova Scotia, clerk, was admitted into ward 4, Marine building, Nov. 18th. Patient states, that, two weeks since, he was attacked with a virulent clap, after connection with a female; he immediately purchased the unique production, "The Pocket Æsculapius," and set to work to doctoring himself; a prescription was written, taken to an apothecary, and then taken by the patient *secundum artem.* This but added fuel to the fire, and the penis became swollen, red, and painful. In this dilemma, a *Thompsonian doctor*

was called to aid the Pocket Æsculapius. By him, an infusion of *Cayenne pepper* was applied to the inflamed part, and, in a short time, the inflammation was relieved by the sloughing of the whole member. A second disciple of Thompson was now called in consultation, and the vegetable infusion was replaced by a mineral solution, that of the Sulphate of Copper; this not producing any decided change, I was called in, and, having cleared the room of Pocket Æsculapius and *yarb doctors*, found that the whole penis, to within half an inch of the abdomen, was in a state of slough, as well as a small portion of the scrotum; a line of demarkation had already formed, and the sloughing process had evidently ceased, the inflammation had worked its own cure, in spite of the sages who had endeavored to arrest it; the urine flowed from a point at the lower part of the sloughing mass, and within an inch of the scrotum. Patient had not been confined to bed —, was walking about when I saw him, and seemed to suffer but little constitutionally. Was advised to enter the hospital, and was admitted under Dr. Post.

Treatment.—Ordered Labbarraque's sol. of sod. chlor., in the proportion of one part to eight parts of water.

Nov. 20th. The slough has separated, and left a healthy, granulating sore. *Dec. 1st.* The ulcer is now healing kindly; a bougie is kept in the orifice of the urethra, to prevent contraction during cicatrization.

Remarks.—The above is, perhaps, the only case on record of gangrene of the penis from gonorrhœa. That it was a genuine case of gonorrhœa, uncomplicated from chancre, is certain, both from the patient's account, who is a respectable man, and who is certain that no sore existed on the penis, and from the history of the case—the whole member swelling at once, the sloughing process following the same course, and instantly subsiding, with the relief of the tension, notwithstanding the very inappropriate remedies made use of, and leaving a healthy sore behind, the patient all the while being on his feet, and suffering very slightly in his general condition. When the penis sloughs from a syphilitic sore, the constitution always suffers greatly, the disease being almost as well marked on the countenance and general appearance of the patient, as in the part affected primarily. In this case, we are as much concerned about the *life* of the patient, as we are about the safety of the sloughing member.

ART. V.—*Case of Ascites, in which the operation of Paracentisis Abdominis was performed thirty-nine times, with removal of over one hundred and forty gallons of fluid.* By T. D. LEE, M. D., of New York.

Ann Doughty, born in Pennsylvânia, 35 years of age, of phlegmatic temperament, catamenia regular for the last 15 years, married, but never pregnant; first perceived in December 1847, an enlargement of the abdomen, which progressed thenceforward. The following is a statement of operations performed on this case:

In 1 year 9 months and 2 days, 39 operations ------	106½ gal.
From April 22d to July 2d, by spontaneous openings, as near as could be ascertained from various circumstances ----------	35 "
Total ----------	141½ "

The fluid drawn off in the first operation was of a straw-color, and highly charged with albumen, as shown by its coagulation on the application of heat. That drawn off in the second operation was of a similar color, and contained a larger quantity of albumen. That in the next eight operations was of a brown-color, and contained albumen. That in the next nineteen operations was of the appearance of rice-water, and mixed with pus. That in the last ten operations was of a greenish hue, and also mixed with pus. Pus also oozed from the spontaneous openings, with the fluid.

My attention was first called to this case in February, 1848, the patient then living at No. 319 Third-st., when I was informed by herself that her health had never been good; that she had been affected with asthma from childhood, was of sedentary habits, had been under treatment for disease of the liver, but had not been salivated. The patient cheerful; not fleshy; skin of a dingy white color, soft and cool; respiration and pulse natural; no pain or tenderness in any part of the abdomen; no anasarca; sleep good; bowels regular; urine natural in appearance and quantity; appetite good. Sligh nausea on rising from bed in the morning, with enlargement of the breasts, led her to imagine that she felt fœtal movements; but there was enlargement of the abdomen, which was pendulous, but not circumscribed. Said her general health was improving. The materia medica resorted to, consisted in linseed tea, parsley tea, oleum ricini, potassæ bicarbonas, potassæ bitartras, potassii iodidum, pulvis jalapæ compositus, apocynum cannabinum, and elaterium.

About the 1st of January, 1849, the patient was told by a female, that if she were tapped the third time she would certainly die under the operation, which induced her to consult various irregular practitioners, one of whom gave her three hundred large pills, to be taken twenty-five every hour! till they were gone: the patient took all but thirty, when I was called in haste to see her, on the 1st of April, as she was thought to be at the point of death. I found her prostrate from the emo-cathartic operation of the pills; but by another operation, and by discontinuing taking the pills, she rapidly gained strength and in ten days was at her work.

At this time, a tumor, smooth, solid, not painful, of oval form, of about the size of a hen's egg, slightly movable, was now perceived in the right iliac region, which it soon filled, and extending towards the left iliac region, in November, occupied that also. This tumor, as soon as the abdominal cavity was distended with two gallons of fluid, by its pressure would produce severe pain in the iliac regions, prolapsus uteri, severe cough, and difficult respiration, all of which would be immediately removed by drawing off the fluid. The tumor now began to subside on the appearance of pus in the fluid.

April 1st, 1850. Erysipelas of the abdomen, with a bluish hue about the umbilicus, would now appear, attended with severe pain, as soon as the abdominal cavity became slightly distended, which would disappear immediately on drawing it off. April 8th. A sac, which protruded from the umbilicus, capable of holding four ounces of fluid, and which had existed from the first accumulation, now burst in three places, each admitting a probe, which could be passed into the abdominal cavity; through these openings fluid and pus oozed, so that from the 22d, no further operation was required, the fluid and pus being discharged by the openings in the sac; the tumor still diminishing in size; no erysipelas.

In June, the tumor had entirely disappeared; the pus and fluid, which had not ceased to flow, continued till 3d July, when the patient quietly expired.

Autopsy, thirty hours after death.—The peritoneum was about four times its ordinary thickness; the abdominal cavity contained about one gallon of fluid; in the right iliac region there were the remains of an ovarian tumor, about four ounces in weight, mixed with about the same quantity of pus; the liver was about one-third less than the ordinary size; gall-bladder natural. The patient had no hectic fever to the end, and was able to walk out a few days be-

fore her death. The case was seen at various times by Dr. Stevens, of the College of Physicians and Surgeons, Dr. Buck, of the New York Hospital, and by Dr. Calkins of this city, at various of the operations.

ART. VI.—*Refracture of a Leg, to improve defective Surgery.* By R. D. MUSSEY, M. D., Prof. of Surgery, Med. College, O.

On the 29th January, 1848, Miss J. E. Kingsley, a school teacher in Jefferson county, East Tennessee, in descending a hill, was thrown from a buggy, and had both bones of the left leg broken in two places; one, three and a half inches below the knee, the other, two and a half inches above the ankle.

It was six weeks before Miss K. began to sit up in bed, and four months before she was able to ride out. She came to Cincinnati in July of the same year. Ever since the injury the leg had been considerably swollen, and there had not been a day without more or less pain, sometimes severe, extending from the upper fracture to the heel, back of the foot and toes, indicating lesion or compression of the fibular nerves.

Both fractures were firmly consolidated. The lower fracture was well enough, exhibiting no deformity; at the upper one, the leg was sadly bent, exhibiting a prominent external convexity, or angle, so great as to shorten the distance from the knee to the inside of the foot about an inch and a half; the plantar surface of the foot looking inward, and its outer edge looking directly downward. Of course, the limb was altogether useless in walking; any attempt to apply the foot to the ground aggravating the pain. It was impossible to place the sole of the foot down flat, or bring the heel within an inch of the ground. The limb was therefore left to swing, while Miss K. moved about upon the other leg, and a pair of crutches.

In September, 1848, aided by my son, Dr. Wm. H. Mussey, I operated in the following manner: A firm pad, an inch and a half thick, was laid upon the inside of the knee, another upon the inside of the ankle, extending five inches up the leg. A splint of hard wood, one inch thick. and three inches wide, was laid, and secured by a bandage, upon these pads. A broad padded belt was placed over the angular projection of the fracture, and gradually tightened by a mechanical power, derived from Jarvis' adjuster, till the fracture was crushed, and the leg straightened.

Miss K. having been placed under the influence of Chloroform,

was wholly unconscious of pain during the operation, and occupied herself all the while in singing sacred songs, and holding celestial conversation; and while a bandage and splint were being applied to maintain the new position of the limb, finding herself coming to earth again, she entreated most earnestly for more Chloroform, to prolong the ecstatic illusion. After the operation, the pain in the leg and foot were diminished, and in two months the fracture was consolidated.

Dec. 12. There is now no pain at the heel, and comparatively little in the leg and foot. The limb has its natural direction, is as long, and apparently as strong as the other. She can now walk with a cane, and limpingly without one.

Feb. 1849. Miss K. now walks very well without crutch or cane, and only now and then feels slight pain in the leg, the nervous injury having been almost repaired. Some months after the above date we saw Miss K. walking well in the street, as if nothing had happened. —*Western Lancet.*

ART. VII.—*Puerperal Mania and its connection with Ovaritis.* By PROF. C. R. GILMAN, M. D.

Dr. Gilman stated that he had recently witnessed a post mortem examination of a patient, who died six weeks after her confinement, and fourteen days after the occurrence of puerperal mania. The symptoms of mental disease commenced with derangement of the genital functions. On making the autopsy, no disease of any organ was discovered, except that the right ovary was very much enlarged and intensely congested; the broad ligament of the same side was in the like condition. The left ovary and broad ligament was but very little congested. The uterus had resumed its normal size and appearance. He asked if any member of the Society had noticed the coincidence of this condition of the ovary with puerperal mania? Dr. Barker, late of Norwich, Conn., had told him that he had seen one case, in which a similar condition of the ovary was found. Vascular excitement does not attend this disease (puerperal mania). Dr. McDonald, in the New York Journal of Medicine, and in the American Journal of Insanity, has called attention to a form of the disease, attended with great vascular excitement, which proves fatal. Usually when the pulse is much excited, danger may be apprehended. Dr. G. further stated, that he had seen two such cases, both of which proved fatal.—*N. Y. Jour. of Med.*

ART. VIII. — *Case of Artificial Nose and Palate.* By W. E. IDE, M. D., Columbus, O.

We insert the following from the pen of an eminent Dentist of our city, first published in the American Journal of Dental Science. Cases similar to the one displayed in this article occasionally occur, and we call the attention of the profession to it, for the especial benefit of any unfortunate sufferer who may be similarly affected.—[ED.

Mr. H. C., aged about fifty, applied at my office, about six months since, for an artificial nose. On examination, I found the following to be his condition.

The whole of the nose, including the entire nasal bones, were wanting, and in its place were two openings, or holes; the upper, of an oval shape, about an inch in diameter in a vertical, and three-fourths of an inch in a horizontal direction; and the lower, round, and about one-half inch in diameter. The lower opening was on a line with the palatine plate of the maxillary bone, and the upper occupied the place of the nasal bones. The vomer, and turbinated portions of the ethmoid bones were entirely wanting, together with the septum palati. The front portions of the maxillary bones, at their union on the median line, had been removed; leaving an aperture about one-third of an inch in diameter from the mouth to the anterier nares, and about the centre of the hard palate was another opening, about five-eighths of an inch in diameter.

The teeth of the upper jaw had all been removed, and the velum palati had been partly destroyed, and adhered to some extent, to the posterior wall of the fauces.

The disease which had resulted so disastrously, also destroyed the right arm, but had ceased nearly ten years since. The general health was now pretty good; but articulation was, of course, very much impaired, and mastication was attended by many annoying difficulties. In the first place, the opening into the nares destroyed the power of suction in taking fluids, and when taken, they were liable to rush through them. In mastication, the food was often forced through the same openings, and had to be removed, with much difficulty, through the facial apertures. The lachrymal and mucous secretions were almost constantly *dripping* through the lower facial opening, to the great annoyance of the friends, as well as to the patient himself.

After a careful examination, I inquired if he would submit to some arrangement for the artificial closure of these bucco-nasal openings? He replied, that he would consider it of the greatest importance, could it be done; but that he had applied to so many dentists for that purpose, who had uniformly declared it to be impossible, that he had long since given up the idea, and now contented himself with the prospect of an artificial nose only. Having informed him that I thought it quite possible, he at once consented that I should make a trial.

My first plan would have been to make an entire artificial palate, attaching it to a set of teeth; but the orbicularis oris had been so involved in the disease, as in cicatrizing, to contract to that degree that an impression of the *whole* upper jaw could not possibly be taken. I then concluded to proceed as follows—

An impression of the *central portion* of the jaw was taken, including the openings and their vicinity. After making the dies, a plate was struck up that covered this part of the mouth, and extended forward to that part where the alveolar arch had been removed. To this plate, wax was then applied to represent the lost substance of the interrupted arch, and from this, another impression, dies and plate were made. This plate was then soldered to the former, forming a hollow box, and then, to the upper surface of the whole was applied *soft* wax, and the fixture put in its place in the mouth, to mark the position of the holes in the roof. On the place so marked, were soldered two cones, about three-fourths of an inch in length, and in shape and diameter at the base, representing the openings which they were designed to close. To the apex of the posterior cone was soldered a strong wire, the upper end terminating in a small ring or loop. This wire was of such length, and so bent, as when the fixture was *in situ*, to reach to the upper edge of the upper *facial* or *nose cavity*.

The next step was, to take an impression, in plaster, of the central portion of the face, including the nasal cavities, and extending upward to the frontal bone, and downward to the mouth. From this, a cast and die were made. To that portion representing the upper nasal cavity a plate was fitted that should cover said cavity, and extend from one-half to one-third of an inch beyond, and around it in every direction. The centre, corresponding in shape and size with this cavity, was then cut out, and into this was soldered a flange, half an inch deep. This flange was set into, and just filled the facio-

nasal cavity, and the plate rested on the facial surface. To the upper part of this collar, or double flange, a small hook was attached to receive the ring or loop of the wire, that was attached to, and supported the palatine plate; and to the lower and front surface was attached a socket, to receive and support the artificial nose.

The artificial nose was then made in the following manner: A plaster cast was taken, from the nose of a person having one of about the desired shape and size. The inner surface of this being oiled, plaster was poured in till it was filled. When the plaster had *set*, the mould was broken away from it, leaving a perfect representation of the nose and nostrils. This was then carved down on the facial surface, till it fitted the cast that had been previously taken of the patient's face, and to this cast it was attached by wax. From this two dies were cast in zinc; one representing the nose, and the other the nostrils. A silver plate was then struck up, representing the former, and another representing the latter, and then the two soldered together; thus forming the entire nose — the base slightly flanging out upon, and perfectly fitting the face. A wire, about an inch and a half long, was soldered at one end to the bridge of the nose, on the inner side, and the other end bent to a right angle with itself, to be received in the socket of the *double flange*, before described. In the upper part of the nose was made a small hole to receive a pin, which was attached to the centre of the bow of the spectacles.

The fixture being complete, the patient was able, with his one hand, to apply the palatine plate, to hook its supporting wire to the double flange, to adjust the nose, or to remove the same, without difficulty.

To give color to the artificial nose, it was partially covered with enamel, and painted. To prevent the secretions of the nares from passing out through the lower facial opening, a hollow *metallic stopper* was made, which perfectly answered the purpose, and was concealed by the nose.

The voice of the patient was almost entirely restored; being only slightly affected by the adhesions of the velum palati, and all the difficulties attending mastication were removed.

Art. IX.—*Dengue Fever.*

The following is a summary notice of a new disease which has prevailed very widely in many of the Southern States, from the pen of Dr. Bell, one of the Editors of the Louisville Medical Journal. —[Editor.

The Charleston Medical Journal, for November, 1850, contains an able memoir on the Epidemic Dengue of Charleston, in the summer of 1850, from the pen of Prof. Samuel Henry Dickson. This epidemic differed in some respects from former inflictions of the disease. In 1835, Professor Dickson wrote an admirable monograph on Dengue, and as there are few readers whose medical literature extends that far back, who are not familiar with the general character of the disease, known as Dengue, a character indelibly stamped by Prof. Dickson, we shall confine our synopsis, mainly to the distinctive characteristics of the Charleston epidemic, of 1850, the summer of which year, Dr. Dickson says, "will be remarkable in the medical history of Charleston, for the prevalence of epidemic fever of a singular character. The season had been unprecedently hot and dry. The thermometer ranged between 80 and 90° for forty days successively, approaching, or even exceeding the highest of these points, and never falling, *within that time*, lower than the lowest." There had been no rain for a long time; "the earth was parched; the sky dazzling clear; the nights as well as the days oppressive." There had been a good deal of whooping cough and scarlatina, the latter being severe.

In the latter part of July, cases occurred which were considered scarlatina, a mistake not quite equal to some blunders in diagnosis, made a few miles from this city, a few weeks ago, consisting of pronouncing several of the first cases of varioloid, in that locality, attacks of dengue! In the Charleston dengue, "the fever assailed with great violence, ran a brief course, inflicting intense suffering, and disappeared, in many instances, without any cutaneous eruptions." Prickly-heat was prevailing at the time, and it is supposed that the dengue eruption may have been overlooked, but Dr. Dickson says, "in the early stage of the epidemic, it was certainly wanting in a large proportion of instances." As the epidemic advanced, "exanthematous contingencies" were more and more certain to exhibit

themselves, in the white race. In numerous examples, the blacks were exempt from the eruption.

In a majority of cases, the attacks were sudden and violent. There was a tendency, frequently, to remission and intermission, and the hour of the access of the febrile paroxysm, in a majority of those cases closely observed by Dr. Dickson, was ten in the morning. The course of the disease generally occupied eight days. When the eruption subsided, all ailment usually disappeared slowly and gradually. There was great muscular weakness. In the early part of the epidemic, the eruption was often absent, in the latter part of the summer, it was almost universally present. In the blacks, the eruption was generally absent, in three cases out of five.

The epidemic was very universal. Numerous large households were all attacked. Of Dr. Dickson's family of eleven, he alone escaped. In his kitchen, fourteen out of seventeen were attacked.

Among the visitors to the city, the time of the latent period was various, but sometimes, as Dr. Dickson says, "prodigiously brief." Attacks followed exposure to the air of the city in a very short space of time, usually.

The prognosis was altogether favorable. Violent as the symptoms were in the onset, they subsided after a time, and certain restoration to health followed. Fatal terminations were very rare.

The eruption was various in its character. Ten varieties are named by Prof. Dickson — the scarlatinous, the rubeolus, the erysipelatous, the variolous or varicellous, the lichenoid, the papulous, the phlegmonoids, the milliary-urticarious, the purpurous, and, in one instance, the lepra vulgaris. It is evident that Dengue is a free trader in "eruptive contingencies."

In Dr. Dickson's former monograph, already noted, he believed that the break-bone fever, described by Dr. Rush, as prevalent in Philadelphia in 1780, was a different disease from the Charleston epidemic of 1828. He now believes them identical diseases, except in some modifications.

Dr. Dickson discusses the exanthenatous character of dengue very ably, and cautiously concludes, that "it may occupy a middle position between maculated typhus, and the exanthemata proper, such as small pox, measles, and scarlatina."

Of the cause of dengue, Dr. Dickson says but little, and we regret that that little is not to the point. Strangely enough, he looks upon

dengue as contagious. In the gloom and obscurity of the causes of disease, occasional occurrences loom up that are mistranslated into contagion, and they are thus mistranslated generally on the same principle that Hahneman ascribed seven-eighths of chronic diseases to the *psoric virus* — he had to say something, and it was as easy to say that as anything else. Contagion, as a cause of disease, is like "sympathy" once was, as an explanation of pathological phenomena — an easy stool to lounge upon. We have not a doubt that during the prevalence of the prickly-heat, at Charleston, of which Dr. Dickson speaks, as many facts, to prove it contagious, were developed, as there were in dengue. The analogies, on whose bewildering and uncertain seas Dr. Dickson launches his bark, do not bear him up. Dengue is evidently a disease of hot climates, and unquestionably of hot weather. Can Dr. Dickson inform us of any contagious exanthematous disease that respects the geography of the zones? Even the vegetable analogies to which he appeals — the nut-grass, the cockle-bur, and the dandelion — desert the Professor on this point. If they move in the current of migratory bodies of men, they can also grow wherever the sun and earth can call vegetable life into growth. Does, or can dengue follow this law? If so, where are the instances?

Dr. Dickson remarked an unusual prevalence of boils, and carbuncles during the late epidemic. We shall have more to say on this subject in a paper on Variola, in a future number of this Journal.

From Dr. Dickson's account of the treatment of dengue, it is evident that the disease would have afforded abundant glorification for the Homœopathists. But little treatment of any kind was needed.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I. — *On the Identity or Non-identity of Typhoid Fever, Typhus Fever, and Relapsing Fever.* By W. JENNER, M. D., Professor of Pathological Anatomy, University College, London.

The author, at the commencement of his paper, remarks that, for many years, small pox, measles, and scarlet fever, were confounded under one name, and that it was only after the publication of Dr. Withering's essay, that measles and scarlet fever were regarded as distinct affections — i. e. distinct as to there course, their symptoms, their lesions, and their causes. Typhus fever, typhoid fever, and relapsing fever are yet by many looked on as but varieties of one disease. But the writings of Dr. Gerhard, M. Valleix, and Dr. A. P. Stewart, have rendered it highly probable that typhoid fever and typhus fever are absolutely distinct from each other — two species of disease, and not varieties of one affection. In the *Monthly Journal of Medicine* of the present year, the author has analyzed the course, symptoms, and lesions of structure found after death in a certain number of cases of fever, and this analysis he thinks, proves that, as regards their course, symptoms, and lesions, no two diseases can be more distinct than typhus or typhoid fever. But small-pox, measles, and scarlet fever, differ also in respect of their exciting cause, which, in the case of each of these diseases, is specific. In like manner, typhoid fever, typhus fever, and relapsing fever must require for their production the application of distinct specific causes, if they be distinct diseases. To inquire whether the specific cause of each of these diseases is distinct, or whether the cause of these is the same, is the author's object in the present paper. He first describes the peculiarities of the course and symptoms of relapsing fever, and of the skin eruption of typhoid fever and of that of typhus fever, on which the diagnosis of these diseases rests. He then gives three tables, showing all the instances in which two or more cases of

fever were admitted from one house into the London Fever Hospital, in the years 1847, 1848, and 1849; the age, sex, and degree of intimacy of the individuals, as well as the nature of the disease under which they labored; and for the years 1848 and 1849, the number of all cases of fever admitted into the Fever Hospital during the separate months, with the rash of typhoid fever and that of typhus fever respectively. The results exhibited in these tables are: 1st. That, in 1847, there were five instances of the admission of two or more cases of typhus fever from the same house, and five instances of the admission of two cases of relapsing fever from the same house, and not a single instance of cases of the three diseases, or even two of them, coming from the same locality. 2d: That in 1848, two or more cases of typhus fever were admitted from each of thirty-three houses, and two cases of typhoid fever from each of four houses; while there was only one instance of a case of typhus and one of typhoid fever being admitted from one house; and in this exceptional instance there is reason to believe the patients received their diseases from different sources. 3d. That, in 1849, two or more cases of typhus fever were admitted from each of eighteen separate localities; and two or more cases of typhoid from each of four localities; while in not a single instance was a case of typhoid fever and a case of typhus fever admitted from the same house. 4th. That, in 1847, the relapsing fever, typhoid fever, and typhus fever, and in 1848 and 1849, the typhus and typhoid fevers, prevailed simultaneously in the metropolis; and, nevertheless, that the cases of the several diseases came to the hospital from distinct localities. In 1848, there were received into the Fever Hospital, 118 cases of fever with the rash of typhoid fever, and 390 with the rash of typhus fever; in 1849, 118 with the rash of typhoid fever, and 143 with the rash of typhus fever. As, therefore, about one-fourth of all the cases of fever admitted in 1848, and nearly half of those admitted in 1849, were cases of typhoid fever, the author argues that, in the numerous instances in which two or more cases were admitted from one locality, cases of typhoid fever ought to have been mingled indifferently with the case of typhus fever, in about their proportion in the two years, if the cause of the two diseases were identical; while, as has been shown, from all the localities which yielded cases of typhus, there came but one case of typhoid fever. He remarks, moreover, that an increase of the epidemic prevalence of one of these kinds of fevers, had no influence in increasing or diminishing the absolute

number of cases of the kind of fever; that no transition-cases were observed, marking the passage of one epidemic constitution into another; that the rash of typhoid fever and that of typhus fever were not modified in their characters by variations in the prevalence of other kinds of fevers, and that the absence or presence of lesion of Peyer's patches and mesenteric glands always correspond with the symptoms of the particular cases during life, and did not depend on the epidemic constitution. The author then adduces some particular instances, in which a succession of cases, coming from the same locality, or apparently arising from the same cause, all presented the same characters. And in conclusion, he remarks that the facts contained in this paper appear to him to prove, incontestably, that the specific causes of typhus and typhoid fevers are absolutely different from each other; and to render it in the highest degree probable that the specific cause of relapsing fever is different from that of the two former.

In the debate which followed, Dr. Jenner stated that, like others, he had seen cases of typhoid fever in which there was no eruption; and he spoke now of the spots, when present, only as a means of diagnosis. It must be remembered that in scarlet fever and measles, the exanthem was occasionally absent; and this would serve to point out the inconsistency of those who sought to associate typhus and typhoid fevers, because occasionally there was no eruption. The mulberry spots in typhus, at first, in many cases, bore a close resemblance to the rose colored spots of typhoid fever, so that in a few cases they might be regarded as exactly similar. His experience, however, fortified by 2,000 cases, enabled him to assert that if, by the eighth day of the disease, the eruption presented the true typhus character, then, if death ensued, intestinal lesions would not be discovered. Dr. Baley's cases, to be of any service in determining the diagnostic value of the eruption, must be confined to the fatal cases, where the after-death appearances were described; and these appearances had not been mentioned by him. With regard to the opinions of Dr. Crawford, respecting the influence of impurity of the atmosphere and locality on the eruption, he might state that the Fever Hospital received patients from all parts of London, and its neighborhood. Personal observation of houses, in these various localities, had not enabled him to observe any difference in their hygienic conditions. It must be self-evident, that no very great impurity of atmosphere existed in the Fever Hospital, when no such

change as that mentioned by Dr. Crawford, he (Dr. Jenner,) could distinctly deny ever occurred. He agreed with Dr. West, that infantile remittent fever was really typhoid, and never gave rise to typhus. He reminded Dr. Stewart that, in his published essays, he had described a fatal case of typhoid fever from relapse, in which the eruption appeared for the second time. The fact of Dr. Christison having suffered three times from typhus fever was no evidence that typhus fever occurred more frequently than typhoid fever in the same person; because he might have had the three different forms of fever under discussion, all of which Dr. Christison might regard as simple continued fever. After some remarks on the concurring testimony of Dr. Gerhard, Dr. Shattuck, Dr. Stewart, and himself, respecting these fevers, he observed that it was a frequent occurrence, in the Fever Hospital, for patients affected with typhus and typhoid fevers, to lie side by side in the same ward, each disease preserving its own peculiar symptoms.—[*St. Louis Med. and Surg. Journal.*

Art. II. — *Sick Headache cured by full Inspirations.*

When a medication is based upon the experiments made upon himself by an honorable professional brother, it is far better, in reporting it, to give his own words. We will then simply publish the communication of M. Tavignot, upon the new therapeutic agent in the cure of this painful, if not dangerous disease.

"It was in the following manner that I discovered the efficacy of this new and apparently strange method, for the cure of this affection. In October last I was attacked with pain and weight in the head, anorexia, a physical and moral prostration, &c. Experience taught me that I had to remain in this state for twenty-four hours. I concluded that this peculiar state of the nervous centres might depend upon a stagnation of blood in the venus sinuses of the duramater, as M. Auzias Turenne supposes, or upon an imperfect aeration of this fluid. I immediately commenced respiring freely and fully during several minutes. I perceived a sensible relief, which induced me to continue, and in a short time I was cured. I got up and undertook my usual occupations, as I felt but a slight pain in my temples, which vanished in a quarter of an hour. This result was

doubly agreeable to me, as it furnished me with a new and practical remedy. In ten persons, upon whom it has been tried, one-half have found instantaneous relief, and in the others there has been an amelioration, or a complete failure. However, upon interrogating with care those who were not relieved, I am convinced that they did not have genuine sick headache; they had a neuralgic pain of the head, but it was not accompanied with that profound prostration and melancholy that I have mentioned as characteristic of the disease. It seems to me to be useless to search for the modus operandi of full and profound inspirations in the cure of sick headache. It is evident that by this means the venous circulation is accelerated, and the chemico-physiological act of hematosis is hastened. Then the explanation of the success of this new method is in one or the other of these conditions, or perhaps in both."—[*Sou. Med. & Surg. Jour.*

ART. III. — *Good effects of Camphor in Nervous Coughs.*

Camphor is evidently an antispasmodic. Experience has proved this, and our predecessors have employed it with advantage in many cases. Because very great abuse has been made of this agent, is it any reason why it should always be discredited by physicians? This is not our opinion, and we will continue to collect facts that will tend to make known its true therapeutic effects, and to regulate its use. After having a long time struggled against prejudices of this kind, M. Alquie of Montpellier, determined to employ camphor in obstinate nervous coughs, which had resisted the agents usually administered in such cases. The results he obtained are too remarkable to be unnoticed. The first opportunity he had to prove the prompt and decided influence of camphor in such cases, was in the case of a young lady, very nervous, who had been affected about a week with an obstinate and dry cough that produced great weakness and pain in the chest. He advised her to take 12 grs. of camphor. The next day the cough had almost entirely disappeared, and 10 grs. more completed the cure. A short time after M. Alquie was called to a lady affected with violent cerebral congestion and a strong cough in consequence of exposure. A large bleeding, sinapisms to the feet, and a blister to the arm, promptly dissipated the cerebral symptoms but did not benefit the difficulty of respiration, or amend the nervous cough. The latter continued dry, painful, and was accompanied with a little fever. M. Alquie ordered camphor, as in

the preceding case, and the following day the cough had disappeared. From these facts it would appear, that camphor rapidly dissipates not only simple nervous coughs, but also those that are dry, painful, produced by catarrhal irritation of the bronchi without any appreciable lesion of the lungs. No benefit, however, is derived from camphor when the cough has become humid and accompanied with expectoration of thick and yellow mucus, nor in cases where there is a material lesion of the lungs. The mode of administration is very simple. The camphor should be slightly pulverized or crushed, and a small portion swallowed at intervals of several hours.—[*Sou. Med. & Surg. Jour. from Rev. Medicale.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

ART. I. — *Foot Prints of the Creator, &c.* By HUGH MILLER.

To add any word of praise to what has been already lavished upon this very interesting work, as well as its predecessors, from the pen of the same gifted author, would be truly superfluous; bestowed by men distinguished alike for scientific attainment and high moral standing, this commendation will insure a well-deserved popularity.

In common with others, we have been charmed with the easy and unaffected style, the depth and reach of thought—highly suggestive because fresh and original, and the ample store of fact, which our author's industry has placed before us.

If passing heedlessly, as unworthy of notice, the gaudy and ill-drawn production of some pretender to the inspiration of art, we linger long before the creation of a master's pencil; it is seldom we can do so with the consciousness of unmixed approval and delight, for the very excellence which we appreciate invites analysis, and though a critical examination should result in an exposition of faults and failings incident to every thing human, it is nevertheless an act of high homage.

In the present case our general estimate of the author may be inferred from the fact that we give utterance to our disapproval of what

we consider as unsound, being the more impelled to do so, as we believe the adulteration of a good material will not only obtain currency for the evil, but must work mischief by impairing the usefulness of the whole, especially if having been inspected by competent judges, it should have been approved without qualification.

The general plan and the arrangement of the work, are the points to which we first feel constrained to object. Our author, strongly possessed of the idea that the development theory is one, the belief in which necessarily leads to exceedingly mischievous results in its bearing on theological tenets, spares no pains to muster and place in array against it, arguments built upon bases which we cannot but regard as unfortunately associated.

Science and revealed religion, widely differing in the subjects of which they treat, require each the employment of a different principle of proof to secure conviction. The truths of one based upon facts within our observance, are in their nature capable of assurance and verification by an appeal to sense; the other requires a faith and trust—reasonable indeed, but conviction is forced upon us only because reason rejects all other modes of accounting for known facts, so intimately connected with its doctrines at large, as to be inseparable from them.

The first is a matter amenable to human observation and reasoning throughout. The second requires their exercise mainly to enforce the fact of revelation and the authenticity of what purports to be such—it then necessarily demands an unwavering faith in every tenet clearly so taught.

The object of science is the attainment of truth by induction of reason. The object of revelation is the teaching of truths purely moral and religious. Both classes of truths are perfectly compatible; all truths must be so, but those of one class need not be relevant to the facts of the other. It will not do to teach science from the Bible and so pervert its object, and as little can we learn of the revealed will of God from human science. Both plans have been tried but too often, with the result of fastening contempt upon the so misused source of knowledge, or of exciting pity for those who made the infelicitous attempt. The many persecutions and injustices suffered by the promoters of scientific research in other days, for running counter to a fancied Bible doctrine on the one hand, and the thousand mutations of received scientific belief; now jumping with and anon jostling aside some dogma adopted from a perversion of the

legitimate meaning and object, or the phraseology of holy writ, on the other might well suffice to act as a warning, and restrain us from mixing together incongruous, though when separately used, excellent materials.

Leaving out of view, for the present, the purely scientific armament of the battery, erected by our author to breach the obnoxious citadel, we shall briefly as possible examine the *spiritual* weapons of his warfare, and see if we have an exception to the general rule.

We would premise, with respect to this formidable theory of development, that we do not believe one word of it, convinced of its utter unsoundness from other considerations than those to which our author adverts, and which we shall take another occasion to lay fully before our readers, contenting ourselves for the present with a few remarks, indicating the grounds of our dissent from the following passage, p. 37: "Nor, be it remarked, is there positive atheism involved in the belief. God might as certainly have *originated* the species by a law of development as he *maintains* it by a law of development; the existence of a First Great Cause is as perfectly compatible with the one scheme as with the other," &c.

In other words, as the individual man is developed through many phases, from the monad to perfection, so the species might, *in obedience to a similar law*, be *developed* through corresponding phases.

Now, we differ from our author, inasmuch as we hold that such a view is *incompatible* with the existence of a Great First Cause, and would, in fact, imply the existence of a multitude of them, in comparison with which the motley host of the Greek Mythology dwindles into insignificance.

We would ask, what is creation but the origination of matter as an entity, or of a new and radically distinct form of it. Both ideas are involved in the production of a systematic creation. The first "without form and void," is an evidence of power merely—the second displays in unnumbered concurring instances not the power only but also the wisdom and beneficence of the Creator—in short, all the attributes of the Godhead. With these views we are driven to the adoption of one or other of the following conclusions.

The 1st. That God *created* all the diversified forms of matter as such; endowing them with properties which serve to distinguish them one from another, exerting his power of creation at such times as to produce the objects in the most proper sequence.

The 2d. Supposes the creation of one type of organization—the monad, from which all others sprang, or of some antecedent simpler

specific form of matter which become a monad, and this by the production, aggregation and change of many such monads produced all species or types, the individuals of which have since been developed every one from the same simple form—the cell germ.

Now this latter idea involves either of three hypotheses.

1st. That all forms of organization are radically the same, there being no specific difference between the worm, the whale, the tree, and the man, nor any difference in the monad forms of which they are constructed, or from which they were developed. This is simply an absurdity.

It may be predicated of any monad whatever, that in virtue of its organization it is possessed of certain properties characteristic of that organism—the embryonic monad of the man being capable of development into the man, is in fact the man, in embryo. Through all stages of development it is radically human—a distinct form of matter, having the peculiar organization and of course the properties of the race or type to which it belongs, and though all germs appear to us alike, the possession of properties manifested in special developments proves an equally radical diversity in them, as we by other means recognize in the developed individuals.

2d Hypothesis. — That all radical changes of organization were brought about by forces inherent in preceding organisms. But this would be a manifestation of creative power by a creature, either in its own proper right or as delegated to it, and so we shall have many creators. If there be truth in the development theory either of the above propositions must be true, for if we suppose—

Thirdly. — That the creator so endowed matter in its inception, that on the concurrence of certain ordained conditions the result should be assumption of new forms by that matter, then, the antecedents having been provided, the fiat having gone forth, every form so provided for was virtually *created*; the only exercise of creative power in any case necessary was concluded. Time forms no element in this question, it is one of circumstance only—there is no *development* here, and we readily leave all at liberty to decide which view of the process of creation they think most consonant with revelation and the discerned order of things—for to a question of creation of types by one or more creators, on the one hand, and of the absolute identity of the forms of matter on the other, it must come at last. We were sorry to find Mr. Miller abandoning to the adversary this position, which, if impregnable as we think it, is invaluable

as covering the whole ground in dispute. Space would have failed us for more than the foregoing feeble sketch of the premises we occupy; for other purposes, we shall, however, recur to them, concuring in the views of M. Agassiz, "it is to embryology we are in future to look for further information upon the most intimate relations which exist between all organized beings."

Pages 38, 39, and 40, we shall not quote entire, our limited space forbids—the sense, as we require it, must suffice. It is argued that if the race of man were developed from the mortal monad there is no conceivable point in that development, in which he could have acquired immortality. Very true, but who assured Mr. Miller that man was immortal by his organization? He is no more so than the meanest vitalized atom, except in the immutable determination of the Almighty (to whom past and future are present,) that "the mortal shall put on immortality." Now, the above is a fair exposition—it is of the body our author speaks, for he asks "how can it be rationally held that a mere progressive step, the addition of a single atom to a body in a growing state, could ever have produced immortality."

It could not, and we do not know of another, so generally rational, who holds the body to be immortal in any other way than the one we have indicated.

But the terms "immortal soul" and "spirit" are made use of as being a possession of man, and it is well urged that either all the series in the plan of development must be possessed of such, or it was acquired at some specific point in that serial elevation.

Now, waving our undoubted right to enquire what ideas are definitely meant to attach to those much used and, we think, misused terms "soul" and "spirit," we would ask Mr. Miller if the *germ* of the individual man is endowed with the commodity, if so, at what stage of the development or formation of that germ it acquired it, and if that monad had it not, then in which of his phases of individual development did it accrue to the use of the perfect man? Or does the Almighty, for each man and woman, "at some certain link in the chain convert a mortal creature into an immortal existence by breathing into it a 'living soul?'" — (which, by the way, never was asserted to have been done — *created man, made man,* having had the "breath of life" breathed into him "became a living soul.")

Again, we find it urged that "if man is a mere animal possessed of no immortal soul," he is therefore "as irresponsible for his actions

to the God before whose bar he is, in consequence, never to appear, as his presumed relatives and progenitors, the beasts that perish."

Now, this is altogether wrong in two respects — first, immortality has only to do with responsibility, in so far as it is connected with the penalties of disobedience or the rewards of submission. Responsibility really results from the right of property, and benefits conferred, on one part, and on the other, capacity to appreciate this, and act as that appreciation should dictate.

Secondly, it is wrong — for if we may credit revelation, our only authority for man's immortality — he is to appear at the *bar of God — then for the first time* an immortal "raised incorruptible," "the mortal shall put on immortality," "*in the flesh*," to receive the "reward of deeds done in the body." This is all that can be necessary to give the fullest effect to the doctrine of responsibility, there is no need, *on that ground*, to conceive of any entity separate and distinct from an organized body.

It is strange that in a note on page 40, we find the following complaining exposition of an adversary's belief: "The immortality of the soul is, it would seem, an idle figment, for there really exists no such things as souls," and then, by way of contrast, Job is introduced, solacing himself with the assurance that even "after worms had destroyed his (this) body he was in the flesh to see God."

Now, to our apprehension, if Job had only known so much as Mr. Miller, he would have substituted the word *soul* for flesh; this would have been a great convenience to many in our times, and answered our author's purpose decidedly better.

On this head we may be permitted further to say, that in so far as we have knowledge, the immortality of the soul, in the present acceptation of the term, is no where explicitly insisted on in scripture, while the immortality of man by and through a resurrection of the body *is*, most emphatically and repeatedly, as being of essential importance in the scheme of Providence; its possibility and certainty, in the councils of the Almighty, being indicated by the resurrection and ascension of the body, the "flesh and blood" of our Redeemer, "the first fruits of them that slept."

Here let us take leave of this part of the subject; we have said quite enough to indicate the nature of our principal objection to the the work. We gladly turn from the theologian to the successful cultivator of natural science.

But that "every body" will, of course, read the work, we should

be tempted to extend the present article by an epitome of the singularly interesting facts and speculations which give real value to it; we shall, as it is, feeling that we have already trespassed, claim indulgence but for a moment longer.

Mr. Miller does not seem to us to have disproved the development theory by his discoveries, nor to have attempted it by reasoning, (except theologically.) What he has done may amount to the same thing; he certainly has not left it a scientific leg to stand upon; it is now gone in quest of others, which, if it should find any, will probably be like the secondary supporters of many another victim of horrid war — but "poor sticks after all."

The author's remarks concerning the successive physical changes which our earth has undergone, with the attending dreadful phenomena, rendering it during so long a period, a fit residence for beings of but inferior mental development, are indeed suggestive and full of interest.

With respect to his speculations on the supposed degradation of species, we are glad to see the subject fairly broached. We cannot see how such an inference can be avoided, if the creation of every thing was originally *good* in kind and relative circumstances; if those circumstances changed, though for the better as regarding a higher type, it must have been to the injury of the lower; any change in what was *perfectly adapted* must lessen that adaptation and impair or degrade the creature, as it could not improve what was "very good;" and a radical change of circumstances, if it could radically change the creature, would, in so doing, create a new one.

With hearty thanks to Mr. Miller for the opportunity of spending some hours pleasantly and profitably, we take our leave of him, regretting that a feeling closely akin to that which induced the publication of theological disquisition in a work on science, should impel us to utter our dissent from its tenor. C.

2—*An Introductory Lecture, delivered at the opening of* THIRTY FIRST SESSION *of the Medical College of Ohio, Nov.* 4, 1850, By JOHN BELL, M. D., Professor of Theory and Practice in that Institution.

This address seems to be the *debut* of Dr. Bell, not only as *Professor*, but as an authorized Teacher in the Ohio Medical College, and therefore entitled to respectful consideration.

Having occupied a conspicuous position in the Medical profession of the United States for at least a quarter of a century, it is natural that all who know him should look with some degree of anxiety for Prof. Bell's introductory lecture. From a man of his age and standing, we anticipated a creditable, instructive, and characteristic production. In its perusal, in some respects, we are not, while in others we *are* disappointed.

That Professor Bell is a ripe scholar, and a man of rare professional attainments, no one who reads the first part of his Introductory will doubt. Though somewhat discursive, it abounds in classical allusions and passages that are beautiful, instructive, and truthful. The familiarity with which he discourses upon the ancient and modern literature of our profession, affords the most conclusive evidence that he is a man of talents and erudition — no part of this lecture leads us to an opposite conclusion. But, there are a few passages in the latter part of it which invite criticism; and, in our humble estimation, deserve animadversion — at all events, we must beg to dissent from some of the Professor's conclusions. As might have been expected, Professorships, the duties of Professors, Medical Colleges, and Medical Education, are subjects prominently displayed and incidentally discussed. Respecting Medical Institutions, he remarks truthfully, that "the time is past when one great school, as that of Alexandria, in ancient, and of Leyden, Montpelier and Edinburgh, in modern times, attracted universal regard, and was the recognized centre of knowledge, and dispenser of professional titles and fame." This just remark is followed by another, which, by those unacquainted with the circumstances, will be deemed an uncalled for, and unaccountable attack upon the oldest medical college in our land. "In our own country," he says, "the University of Pennsylvania enjoyed for a while this enviable eminence, but of late, it has been outstripped by its young and vigorous rival, the Jefferson Medical College, and it now lives, in part, on its former reputation — which, like the vanity of ancestral fame, is a very flatulent

diet. It is the oldest school in the United States; but this is rather equivocal praise, as it reminds us of the remark of Montesquieu in reference to the University of Paris, that 'it is the oldest of the King's daughters. So old, indeed, that it is beginning to doat.'"

It is well known that the University of Pennsylvania is not only the oldest medical school in the United States, but is, at least as reputable as any other. It embraces a faculty quite as distinguished for talent, erudition, and usefulness, as that of its "young and vigorous rival," or any other on the continent of America. Thousands of her *Alumni*, who stand prominent in the front ranks of our profession, delight in acknowledging that Institution as their honored *Alma Mater*.

But, to be more particular, we would ask, who does not know that Horner stands pre-eminent as an able, and probably the most accurate Anatomist in the American profession, every way qualified to fill the chair of Physick, his illustrious predecessor. To say that Wood, as an able writer, and popular teacher in the departments of Materia Medica and Practice, is not surpassed by a living cotemporary, is a tribute to his talents and fame acknowledged to be due by the profession every where. If Gibson, Hodge, and Carson, are less brilliant and conspicuous before the world, they are not less useful than their more fortunate colleagues — they are fully equal to their responsibilities, and do their share in sustaining the reputation of their school. But if these men are deservedly eminent, what should be said of their illustrious colleague, whose genius has elevated him to the pinnacle of fame, and secured for him the admiration and love of the profession — an imperishable and world-wide renown. We need not say to our readers, and particularly to our author, that we refer to Samuel Jackson.

Such an allusion, then, to that noble and venerable Institution, could scarcely flow from the pen of any other than one who is personally interested in its downfall, or who has been a defeated candidate for two of its chairs.

In the next paragraph we are told, that "Medical schools are springing up among us with an impromptu rapidity equal to that of the birth of Minerva from the head of Jupiter, but here the comparison, it is to be feared, ceases; for the good natured legislators who bring medical colleges thus suddenly into life, have not the power to invest them, at the same time, with the mantle of wisdom. At the present rate of increase, a man of proper professional pride will soon write his own epitaph in nearly the words of Piron, the witty

Frenchman, who, in order to show his disclaim of the French Academy, desired that the inscription on his tomb should run thus: 'Here lies Piron, who was nobody—not even a member of the Academy!' So our Medical Piron will soon write for himself, 'Here lies Dr. Quiet, who was nobody—not even a Professor.'"

By a recent act of the Trustees of the Ohio Medical College, our author has deprived himself, or rather, he has (doubtless much against his inclinations) been deprived of the privilege of following the example of the witty Frenchman. Late in the afternoon of life, when most men think of retirement from active duty, he has *finally* become a Professor, and has taken his place in the ranks of that despised and motley Fraternity.

But our friend, Prof. Bell, is not alone in this matter—not even a pioneer. He is in the wake of hundreds of others, who seem to see something calamitous and awfully portentous in the multiplication and establishment of new medical schools. When a new school is organized, they take the alarm at once, and one would suppose from the *hue and cry* raised, that the whole profession was in danger of being crushed by it. There are two things taken for granted, first that the newly fledged faculty are, of course, a body of Ignoramuses; that they are totally unqualified for the high and responsible duties devolving upon them; second, that doctors are to be manufactured and multiplied, and those too, of an inferior quality—for, as a matter of certainty, the stream cannot rise above its fountain.

It is also alleged in the above lecture, and believed by many, that the world is benefited by competition and rivalry, in every department of business, and in every enterprise, except in that of medical education. The prices of produce, of labor, of merchandize, of mechanical implements, and of every useful and fancy article, is reduced, and their real value and quality are enhanced by competition. What, then, we ask, makes medical teaching an exception to this general rule? Were the medical sciences more thoroughly taught in Alexandria than in Edinburgh, Leyden, and Montpelier? Thirty or forty years ago, did the medical schools of Harvard, Yale, and of Pennsylvania, afford greater advantages to the medical student than they do at the present time, or than their cotemporaries of New York, Philadelphia, and Baltimore? But suppose that two of the three medical colleges of Ohio were stricken out of existence, and that one were to impart all the medical instruction found in the State, would this school afford greater advantages, or would its professors

give better courses of lectures than under present circumstances? We think not. But let us appeal to facts; and, having had some knowledge of medical schools for near a quarter of a century, we feel somewhat prepared to do so.

Twenty years ago, there were but few medical schools in the United States — two in Massachusetts, one in Connecticut, one in New Hampshire, one in Vermont, one in New York, one in Pennsylvania, one in Maryland, one in Ohio, and perhaps two or three others not recollected, at most, ten or twelve in all. According to a list published in the Amer. Jour. of Med. Sciences, for Oct., 1850, there are at least thirty-eight regular medical colleges, besides a number of others of an irregular character, most of them in a flourishing condition. We speak advisedly when we say that the advantages and opportunities which the old schools afforded to their classes, were not to be compared to those offered by the schools of the present day. We make no exceptions against our country schools in this comparison. Our modern schools have a larger number of professors — the departments are multiplied and extended. All our institutions now abound in apparatus, preparations, and means of illustration. Subjects, once abstruse, and involved in obscurity and conjecture, are now illustrated and so simplified, that all can at once understand. Again, who ever heard a clinical lecture in a college twenty years since? Is it not a fact, that clinical advantages have increased a thousand fold within that period? True, they had hospitals then, as now, but means were not provided for the accommodation and edification of students as at present; besides, medical students now, as then, if we may believe the testimony of the American Medical Association, do not, as a general thing, attend hospital clinics. As much as is contemptuously said by our eastern *superiors* and western *imigres*, in disparagement of College Clinics, we would hazard the assertion, and challenge contradiction, that our College Clinics, every where, are vastly more useful than our Hospital Clinics; not that they are intrinsically so, but that they are more interesting and practical. The cases are better selected, and they are brought before the *whole class*, and not before a few, who usually attend at hospitals. These changes, and improvements in the manner of teaching, and in clinical advantages particularly, are due, to a great extent, to competition, growing out of the multiplication of medical schools.

Again, it is intimated by our distinguished Professor, that the schools of Cincinnati, Louisville, and St. Louis, are the great fountains of medical lore, and are *nearly equal* to those upon the Atlantic border. That there are others in the western country, if he were permitted to specify, which "had won for themselves *a certain degree* of reputation!!" The friends of all western schools *out of Cincinnati, St. Louis, and Louisville*, whose classes have ranged quite as high as to numbers and intelligence as theirs, (Louisville excepted as to numbers only,) will feel very grateful to Dr. Bell for his infinite condescension in bestowing upon them such a complimentary notice. Considering its source, we really look upon it as a *condescension*, to bestow such a compliment upon those western professors, whom "the good natured legislators have not the power to invest with the mantle of wisdom."

And here, before we close, we wish to enter our protest against this tirade — this mistaken opposition to the multiplication and establishment of new medical colleges. The great fear is just what should be encouraged and invited — *competition.* We say, let them rise; let them multiply; let them be established in every part of the country; and, if they can be sustained, let one be erected at every county seat in every State in the Union. We doubt not that such a multiplication would serve to elevate the standard of medical education, and to bless the world with a better profession. In this matter we are *ultra democratic;* we say, down with professional monopolies. Let every Medical Institution, as well as every physician, stand upon his own merits. With an abundance of facilities for medical education, our students will more readily and certainly secure thorough qualifications. Our practicing physicians will, in greater numbers, repair to their neighboring colleges to recruit their stock of professional knowledge, who would otherwise slothfully remain at home, in comparative ignorance. We ardently hope that our professional dignitaries, particularly those connected with old and well established schools, will cease to denounce younger sister Institutions, for two reasons, first, there is no danger from that source, and therefore no good can result from such denunciations; and, second, prejudices and unkind feelings are engendered and fostered thereby, which serve to degrade and tarnish the fair fame of our philanthropic profession.

3 — *Woman; Her Diseases and Remedies. A Series of Letters* to his Class. By CHARLES D. MEIGS, M. D., Professor of Midwifery and Diseases of Women and Children in Jefferson Medical College. Second edition revised and enlarged, 8vo. pp. 690, Philadelphia—Lea & Blanchard, 1851.

It is perhaps unnecessary to do more than to announce the title page of this new edition of Prof. Meigs, on the diseases of females. Certain it is that this new work is universally known to the profession, and its merits are as generally acknowledged. It has, however, been criticised, and its author has been pretty severely rebuked by the medical profession generally, and we think justly so, not so much for his quaint and conversational style as for the liberties he has taken with the English language. According to our understanding of the matter, every writer has just as good a right to coin words, and depart from the authentic standard of English literature as Dr. Meigs. Were they to do so, how long would it be before our language, now rich in every element necessary to clothe the productions of science, fiction, and poetry, would become a mere *gibberish*, and be thrown into the most utter confusion?

It was said, we think by Voltaire, that the English language was made up of the *shavings and refuse materials* left after the construction of all the other languages of the globe. Although this is untrue yet it is a fact that our venacular is not a simple nor original language. It is rather the quintescence of several; so elaborated, expanded, and purified, that it is now transcending all others and will doubtless become the language of the civilized world. When it is thus assuming *par excellence* the highest rank among the learned languages, is it not provoking to see an author, we care not how eminent or meritorious, mar, blot, and disfigure its beauty by lugging into a scientific work such words as *clergyable*, *clergyableness*, *delimitary*, *unsuccess*, *complicity* and a hundred other new fabrications, as irrational and uncalled for as they are new. We do not so much object to the laying aside the sober didactic style ordinarily employed in works purely scientific, and the employment of a more easy and fanciful drapery, which is doubtless better calculated to fascinate and interest the reader.

In other respects, in our estimation, too much cannot be said in praise of this work. It abounds with beautiful passages, and for

conciseness, for originality, and for all that is commendable in a work on the diseases of females, it is not excelled, and probably not equaled in the English language. In our opinion Dr. Meigs holds too low an estimate of the *tampon* in many cases of uterine hemorrhage we think also that he is somewhat visionary in his treatise upon the etiology and pathology of the diseases of the puberic period. Still we indulge the profoundest deference for his views on these and other subjects of a kindred nature, as his opportunities for investigation have been unsurpassed, and no one doubts his competency for the work.

On the whole, we know of no work on the diseases of women which we can so cordially commend to the student and practitioner as the one before us. Sold by Huntington & McIntire.

4—*Reduction of Strangulated Hernia*, in Mass. By GEORGE C. BLACKMAN, M. D., Fellow of the Royal Medical and Chirurgical Society of London—8vo. pp. 72. John F. Trow, New York, 1851.

The object of Dr. Blackman, in this work, is to prove that a strangulated hernial tumor may, along with its sack, be returned into the abdominal cavity by the taxis, and that it occasionally is so reduced. He has collected the history of forty-eight cases of this kind, besides several others which were reduced in mass during the process of operations. Although the work is, of necessity, brief, the author has evidently bestowed much labor upon it. He has treated the subject in a sound philosophical manner, and we doubt not he will receive, as he deserves, the grateful acknowledgements of the profession for this excellent contribution to hernial surgery. The mechanical execution of the work is of a superior quality, but it deserves a more substantial binding.

5—*A Practical Handbook of Medical Chemistry.* By JOHN E. BOWMAN, Demonstrator of Chemistry, in King's College, London. Philadelphia, Lea & Blanchard—8vo. pp. 275.

This is a small manual containing instructions for the examination and analysis of urine, blood, and a few of the most important animal products, both healthy and morbid, and comprising also directions

for the detection of poisons in organized mixtures and in tissues." It is lucid in its style, accurate in its statements, and though brief, sufficiently full for all practical purposes. It has seventy-five figured illustrations, which add much to the value of the work. We can heartily recommend this manual "not only to the medical student, but also to the practitioner, to whom the value and importance of the application of modern chemistry and microscopic analysis to his art are becoming daily more and more apparent." We would, therefore, not only bespeak for it a wide circulation, but urge a practical application of its teachings. Let none be dissuaded from this on account of the labor it may impose. A little experience will enable most to perform the experiments required with fecility, while they will find them highly interesting and eminently instructive. Indeed, without some of them, an intelligent diagnosis of many forms of disease cannot be made. Sold by J. H. Riley & Co.

M.

---

6 — *Review of Chemistry for Students*, adapted to the courses as taught in the principal Medical Schools of the United States. By John E. Murphy, M. D.—Philadelphia, Linsay & Blakeston—12mo. pp. 328.

In his preface the author tells us that the work "is not offered to the student as a text-book, but merely, as its name indicates, as a review, to be used in connection with a course of lectures, or with some of the large and standard treatises on the subject." Without discussing here the utility of such "helps," we feel compelled to say that until the "Review" has been reviewed and corrected, students will not be safe in employing it even for the purpose suggested as it abounds not only in indifinite and ambiguous expressions, but in errors and contradictions. Some of its defects in style may be the result of an attempt to condense the matter into as brief a space as possible, and the errors, in part at least, may be the result of negligence, or haste in writing, but however they may have originated they render the book an unsafe guide. For medical students it is especially defective in containing so little upon the subject of animal chemistry. The work is not without its excellences, but until it has been thoroughly revised, it can hardly come into general use.

M.

7—*The Medical Student's Guide in Extracting Teeth: with Numerous Cases in the Surgical Branch of Dentistry. With Illustrations.* By S. S. Hornor, *Practical Dentist.* 8vo. pp. 76. 1851, *Philadelphia, Lindsay & Blackiston.*

For the general practitioner, removed from cities and large towns, where the Dentist is not always at hand, this is a most excellent little work. It is a lamentable fact that physicians do not qualify themselves for treating diseases of the teeth, scientifically and skillfully. *Generally*, the only preparation made by young candidates for practice, in this department of Surgery, is the procuring of a turnkey, the use of which they know little or nothing, until in the midst of broken teeth, fractured jaws, lacerated gums, and tortured patients, they *learn, imperfectly*, to treat this "hell o' a' diseases," the toothache. In such hands, it is not a matter of surprise that a learned Professor facetiously remarked that, "the pain of having a tooth extracted, was greater than bearing a whole family of children."

This little book contains two plates, upon which are beautifully illustrated, a turnkey, all the different kinds of forceps for extracting all the various kinds of teeth, together with an elevator, punch, hook, and screw, for the extraction of fangs, stumps, &c., under every possible circumstance and condition. The best manner of extracting teeth is described in a clear and vigorous style, and we are glad to see advocated the use of the old-fashioned turnkey; which, in our opinion, is not an "infernal machine," neither can it be advantageously displaced by forceps.

We would advise members of our profession to purchase this book, which contains, in a very brief space, all that is necessary for physicians to know, to enable them to practice that part of Dentistry which they are so often called upon to execute.

Sold by Huntington & McIntyre.

8—*First Principles of Medicine.* By Archibald Billing, M. D., A. M., F. R. S., &c. &c. &c. Second American, from the Revised and Improved Fifth London Edition. 8vo. pp. 246. Philadelphia, *Lea & Blanchard*, 1851.

We have not been able to give this work a thorough perusal, but from the examination we have made, we are decidedly pleased with it. In many respects, it is doubtless the best one extant on the subject. Dr. Billing's theory of the inflammatory process is, in some

respects, quite original, and explains its phenomena more rationally and completely than any author we have read. From having been so long in the hands of the profession in former editions, it is unnecessary to give to our readers a synopsis, or a critical review of the work. The present edition has been revised, corrected and enlarged, so as to bring it up to the improvements of the day. We have one objection to it, however, and that is, there is no table of contents, nor nosological arrangement, by which the work is classified and subdivided into larger and smaller natural compartments. The whole is given to us *en masse*, like an ordinary thesis, without a single technical or generic term, calculated to arrest the eye, throughout the two hundred and forty-six pages. It is, nevertheless, a work which has been highly complimented by the medical press, and is really deserving the highest commendation.

Sold by Huntington & Mac Intire.

PART FIFTH.

EDITORIAL.

To the Patrons of our Journal.—The present is the second number only, since we assumed the editorial responsibilities of the Ohio Medical and Surgical Journal. Although but a novice in the work — a comparative stranger to our patrons and their literary necessities, we have made every possible effort to suit their tastes, and to furnish them matter that will be serviceable when most needed in the hour of trial. We think we have reason to congratulate ourself and our readers, upon the unusual amount of valuable original matter presented in this number; we believe that every article will richly repay the time spent in its perusal.

In taking charge of this Journal, we did so with fear and trembling. For want of patronage, a nourishment quite essential to the life of such an enterprise, and too frequently withheld, a considerable debt had accumulated against it. It was found that the reading portion of the profession was already supplied by our older and better established cotemporaries, which, after all, were but meagerly supported. These, and other discouragements, weighed heavily upon

us, and materially impaired our prospects for success; yet, we imagined we could distinguish a ray of light gleaming through the clouds which darkened the horizon around us. This may have been an illusion. The "Journal" always having been a kind of "pet" with us, our anxiety to see it sustained, and its existence perpetuated, may have blinded our eyes to the sad realities of its destiny, and thrown before our perverted vision *amaurotic* scintillations, which we mistook for the more steady and reliable light of the breaking day. We said to ourself, there are still great numbers of medical men in the west not yet supplied with medical journals. Among our western profession, there is an immense amount of valuable experience lost to it, and to suffering humanity, for want of being recorded in a permanent form, and in a proper manner. There are men of talent among us, who conceive thoughts, and indulge in bold and startling speculations, which remain concealed and smothered for the want of stimulus to draw them forth, or a medium through which to communicate them to the world. The hypotheses and speculations of genius are by no means useless or always pernicious. Their contemplation tends to cultivate the higher faculties of the mind, while they serve to bring to light laws and principles upon which a thousand facts, hitherto inexplicable, are based. True there are already a large number of excellent Medical Journals published in our country—more, perhaps, than are well sustained, yet they are quite as well supported as one-half of them *would* be if the balance were stricken out of existence. An increase in the number, while it does *not* diminish the patronage to each, does much towards spreading valuable intelligence in the profession, and elevating the standard of medical science. It makes writers as well as readers, and readers as well as writers, and these are desiderata greatly to be desired.

Since our connection with this Journal, a large accession has been made to our subscription list. This encourages us not a little. All our subscribers are *paying up*, and contributors to our pages are sending in the results of their observations and promising more. *All* exhort us to perseverance and seem disposed to stay up our hands and to contribute their proportion to the advancement of this enterprize. We wish to say to our friends that with the continuance of the aid already afforded, *this Journal will be sustained*, and those who are of opinion that it is *useful* and worthy of patronage we invite to take an interest in our welfare, to assist us so far as convenient in extending its circulation.

A Foreign Tour.—We regret, so soon after an introduction to our readers, that we are under the necessity of taking our leave of them even though for a *temporary* absence. Our intercourse thus far, to us, has been of the most gratifying and profitable character, and we fondly hope that it has not been entirely profitless to them. But we have long contemplated a visit to the schools and hospitals of the old world, and have looked forward to it with some degree of pleasurable anticipation—as an *episode* in the midst of a life of arduous labor and incalculable responsibilities. Twenty years, comprehending the best portion of our life, have been uninterruptedly devoted to professional toil. We think we deserve a respite, particularly if this respite shall be so spent as to redound, as we trust it will, to our professional improvement. Young men are almost daily visiting Europe for the purpose of *completing their education;* we have no hope of attaining so desirable an accomplishment; and we fear, however long we may be permitted to live, that the grave will close over us long before our education is finished. Our object is two fold, to *learn* and to *enjoy*. Indeed with us these are inseparable.

We expect to leave the United States soon after the issuing of this number, and return in the beginning of autumn. The management of the Journal will be confided to able hands, so as to afford satisfaction our to patrons. We intend, God willing, to give *en passant* some account of our tour in the form of editorial correspondence.

Communications, as usual, pertaining to the editorial department may be directed, post paid, to ourself at Columbus, where they will receive due attention.

Starling Medical College.—The commencement exercises of this Institution were held on Thursday evening, the 20th ult., at the First Presbyterian Church, in Columbus. Although the evening was stormy and unpropitious there was a full attendance of citizens and strangers. The general valedictory was delivered by Dr. Thompson, President of Ohio Wesleyan University, at Delaware. The subject of his address was *Logic;* its importance to the medical profession. The theme, though unusual for such an occasion, was, as a matter of course, displayed in a masterly, and, to all *concerned*, a profitable manner. We have not the time nor space to give a synoptical view of the address, neither perhaps is it necessary, as a copy

has been requested for publication — but that logic was almost universally neglected by physicians, and as much needed as it was neglected, was most conclusively shown. He proved clearly that the practice of medicine not only did not lead to, and encourage logical pursuits, the writing, speaking and thinking logically, but that it absolutely diverted the mind *from* the investigation and application of this great "science of reasoning." To this fact, the proverbial bickerings, and "doctor's differences" were mainly ascribed. During the delivery of the entire discourse, which was lengthy and rapidly pronounced, the audience was enraptured by the speaker's eloquence and occasional scintillations of wit. The address should be read by every physician, and we trust the Doctor will consent to its publication.

This discourse was immediately followed by the conferring of Degrees of Doctor in Medicine upon thirty-five graduates. Subsequently, the Dean of the Faculty, Prof. S. M. Smith, delivered an exceedingly appropriate, chaste, and well written address, to the graduating class. Its great object was to inspire the hearts of those who had so recently received the honors of the Doctorate, and were about to assume the weighty responsibilities of the profession, with a high toned moral sentiment, as a desideratum in the discharge of all their professional duties. The remarks of Prof. Smith were listened to with the profoundest attention, and we doubt not were duly appreciated by the entire class. The exercises were agreeably interspersed by various and excellent pieces of music from Mr. Dryer and his musical corps. Every thing passed off pleasantly and in such a manner as to leave a lasting and favorable impression respecting the character and condition of Starling Medical College.

The Faculty and class of Starling Medical College during the past winter, have labored under most embarrassing and disheartening circumstances. The new edifice was promised in their announcement by the former, and confidently expected by the latter. What else, then, could have been anticipated, than that universal disappointment should prevail. No one but the sufferer can possibly realize the discomfort endured by those who were huddled and literally *jammed* into a *ricketty shanty* unfit for any thing but the most temporary use. Many students when they learned of our failure in a new building, refused to make their appearance, while some others abandoned us in search of better accommodations. For this we could not blame them. Still, a very respectable class (125 in number,) stood by us

and endured all our inconveniences to the last. Among the many comfortable reflections which are now passing through our minds, there is one consolation that cheers us very much, it is intimately connected with a slightly transposed passage of scripture, viz: "If these things are done in the *dry* tree, what shall be done in the green?" In view of the most magnificent college edifice in the world before us, and that connected with the fact that entire satisfaction among all our classes has hitherto prevailed as to the advantages enjoyed, we leave all to make a practical application of the question. *If the world stands, our new College building will be in readiness next year.*

"Quacks and Quackery."—We received a communication with the foregoing title not long since, from one of our esteemed friends, for insertion in the present number of our Journal. Our sense of propriety, and views as to the highest interests of the profession, lead us to decline its publication. We should not in this way allude to the article, were it not that we have for some time been disposed to express our views and define our position on this subject.

We wish it distinctly understood, that we have no sympathy with quacks or quackery. We imbibed along with the fundamental principles of medicine in our youth, an utter abhorrence of every species of charlatanism and trickery in the practice of our noble art; and we came, years ago, deliberately to the conclusion that no intelligent person could advocate or practice either of the systems of empiricism known to the profession as such, and be at the same time *an honest man!* We doubt not there are honest practitioners of Thompsonianism, of Eclecticism, of Homœopathy, of Hydropathy, Uriscopy, *et id genus omne*, but they are like all others honestly pursuing a pernicious course—the dupes of designing knaves, and therefore more to be pitied than blamed. We campassionate their cases, and would make any sacrifice to convince them of their errors. But, while the adage

> "To convince a man against his will,
> He's of the same opinion still,"

is true, arguments are useless. We are commanded not to "cast our pearls before swine."

But while we entertain these views of irregular practitioners of medicine, and hold that the tendency of quackery is evil and only evil—that lives and limbs are annually sacrificed by thousands

through its agency, we at the same time cannot be convinced of the propriety of coming up with armor on, in battle array, to declare an aggressive, offensive war of extermination against every species of quackery, as some of our cotemporaries have done. We think such a war is unsound in principle, and injurious in practice. It not only fails to accomplish the end aimed at, but it tends to pollute and vitiate the temper and morals, and degrade the professional standing of those who engage in opposition to such an unscrupulous race of antagonists. Violent and vindictive denunciation never yet demolished, or even injured a *bad* cause. Shall we appeal to facts? Where is quackery more rife, luxuriant, and prosperous than in Cincinnati, the pride of the west? And where has it been so manfully, so bravely, and violently opposed? The Western Lancet, years since, opened its batteries upon every foul system, and its editor has contended nobly. Its friends have most unflinchingly co-operated in the conflict. There has been no compromise, and now what is the result? The Cincinnati profession and school are embarrassed and crippled, and, to a great extent, overshadowed by a combination of every species of empiricism that ever cursed the human race.

In our opinion, no man can write or speak, or even *think* in active opposition to any form of quackery, without being himself corrupted and degraded thereby. We look upon these vile systems as so many afflictions, which are to be patiently *endured*, because they cannot be *cured*. Like fungus growths, and malignant excrescences, and some virulent diseases incurable by medicine or the knife, so with quacks and quackery; the more we attempt to excise or violently repress them, the more intractable and troublesome they become.

We are, moreover, of the opinion, that the medical profession with the rock of science as its basis, and the alleviation of human suffering as its great object, should look above and beyond every species of professional knavery. Let every honorable physician stand erect, and undeviatingly pursue his onward career of usefulness, and quackery will slink to its native pit, and quacks will *starve* or return to an honorable calling.

The Transactions of the Ohio State Medical Society have *at last* been placed on our table. We fear the members of the Society will decide this production of its Secretaries *premature*, as it is not yet quite *nine months* since it was made their duty to bring it

forth. If the prosperity and success of the State Medical Society is to be judged of by the appearance of its published transactions, we apprehend its prognosis will be considered decidedly unfavorable.

Lunatic Asylums.—We have received the Annual Report of the Commissioners and Superintendent of the Indiana Hospital for the Insane. This Institution, yet in its infancy, scarcely two years of age, is under the superintendence of Dr. R. J. Patterson, formerly assistant physician in the Ohio Lunatic Asylum. On looking over the pages of this report, we find that the Institution is in a most prosperous condition. The Doctor remarks in reference to the proportion of cures, "If we follow the mode of reporting heretofore adopted in the State Asylum in Ohio, by Dr. Awl, our recoveries on the *recent cases discharged*, are more than *ninety per cent.*" This indicates, at least, extraordinary success, but we would suggest to our friend, the Superintendent, that this reporting the proportion of recoveries upon the cases discharged, is most indefinite and incorrect. We hope the time will soon come, when those who have charge of these extensive charities, will give the people a truthful representation of the results of treatment, by placing side by side the number of patients *admitted*, and the number of patients *discharged cured.*

Dr Patterson is a gentlemen eminently qualified by nature and by education, to discharge the responsible duties of his post; and we congratulate the people of Indiana, more especially those of them who are suffering from mental maladies, upon the skill and rare accomplishments of him to whose professional care they are committed.

We have not had the pleasure of seeing the Report of the new and talented Superintendent of the Ohio Asylum for the Insane, but from personal observation, and from the statements of those who are competent judges in such matters, we happen to *know* that the Institution is conducted in an able manner—that its usefulness is rapidly on the advance, and that it is, as *now* managed, an honor to our State, and an incalculable blessing to the unfortunate insane received within its walls.

Since the above was in type a copy of the Report of the Board of Trustees and Superintendent has been placed in our hands. We have had time only to glance rapidly over it. As it will be generally distributed among the members of the profession in the State, it is

perhaps unnecessary to review or quote largely from it. The report of the Superintendent, Dr. S. HANBURY SMITH, will be read with the highest degree of interest by every physician who is so fortunate as to receive a copy. It is the work of a master hand. We rejoice that this great Institution has fallen under the guidance of one so able—so constitutionally adapted to the work, and so eminently qualified to carry out, and practically apply the principles of psychological medicine. We bespeak for him the cordial support and best wishes of the entire Ohio profession.

OHIO INSTITUTION FOR THE BLIND.—We find on looking over the last report from this Institution, that it contains about 70 pupils; that during the last year there was an unusual amount of sickness, but no case had terminated fatally within the walls of the Institution. Four, however, are reported to have died at their homes during vacation. Operations are still performed by the Oculist upon such eyes as are capable of being benefitted by surgery.

Few of our fellow-citizens, or even physicians, are aware of the amount of *absolute good* which this Institution confers upon its unfortunate inmates. There is not, perhaps, a greater contrast between the condition of any two classes in human society, than between the blind *without* and the blind *within* this favored retreat. Those who are hopelessly blind, and surrounded

> "By ever during dark,
> From the cheerful ways of men
> Cut off, and for the book of knowledge fair,
> Presented with a universal blank,"

find here, not only a *home*, where all their wants, whether in sickness or in health, are anticipated and supplied, but where the beauties of nature—the wonders of science, and the grandeur of God's universe, bursts upon their enraptured mental vision. *Kindness* is the watchword of the Institution; the example being set by the intelligent and benevolent Superintendent and Matron, is followed with the utmost cheerfulness by all the teachers and attendants. While the minds of the sightless pupils are being illuminated by the light of useful knowledge, gratitude and joy fills every breast, and universal contentment prevails. No one can visit this Institution, however frequently, without feeling his heart swell with the most generous emotions and thankfulness to the originators, supporters, and conductors of this noble charity.

It is passing strange that, while such exalted privileges and benefits are secured here, so many blind children are retained at home, and allowed to grow up and grow old, in ignorance and darkness—in idleness and vice. It is ascertained that great numbers of young persons incurably blind, found in every part of the State, are absolutely deterred from resorting to this Asylum by, we had almost said, inhuman parents and false friends. We ask physicians to interest themselves more deeply in this matter — *they* are acquainted with all such cases, and may, by a little extra exertion, be instrumental in bringing many under the gladdening and soul reviving influences of "the Ohio Institution for the Education of the Blind."

Our Exchanges.— We observe in the published list of exchanges in some of the Journals received at our desk, that our Journal is edited still by S. Hanbury Smith. This, we assure our editorial brethren, is a mistake. If our editorials are *read*, and the difference between them and those of that distinguished member of the profession is not observed, we certainly, so far, feel flattered; but if they are *not* read, nor the name of the editor upon the title page noticed, why then, we take it as rather "cold comfort."

"The Stethoscope."— We have just received the first and second numbers of "The Stethoscope and Virginia Medical Gazette, a Monthly Journal of Medicine and the Collateral Sciences," edited by P. Claiborne Gooch, and published at Richmond, Va. The prospectus of this Journal was noticed by us in our January number. We take pleasure in expressing our belief that in the amount and character of original matter, its general arrangement and mechanical execution, it even exceeds our expectations. For the amount of matter, it is certainly one of the cheapest and best medical Journals in the United States.

By a *lapsus pennæ*, or one or two editorial inadvertencies, Dr. Gooch has "called down some rather hard raps over the knuckles" from a few of our aggrieved confreres of the north and east. We exhort our brother to take courage under these *editorial knocks*, as in our estimation an occasional *black eye*, particularly if not richly de-

served, is altogether to be preferred to *silent neglect* on the part of the brethren of the quill.

Dr. Gooch is a vigorous, *racy*, and elegant writer; his editorials are all interesting and full of spirit. We think him eminently qualified to conduct a medical Journal that shall do honor to Virginia, and elevate the standard of her profession. We shall be pleased to exchange.

Death from Chloroform.— Dr. Aschendorf states that a child one year old, had been operated upon for a nævus under the influence of chloroform, with apparent success, when, on the child being removed from the table, its head fell back, and it instantly died in a state of convulsion. The quantity used had been six drops in the first instance, and a second application of three drops in some tow placed in a cup.

Medico-Chirurgical Society of Cincinnati — Prize Essay.— By the subjoined resolutions, it will be seen that this Society has set the example recommended by the American Medical Association, in offering a prize for the best written essay presented to the society:

Resolved, That this society offer the sum of FIFTY DOLLARS, or a gold metal of that value, or a silver cup of the same value, at the option of the person receiving it, for the best original essay on some medical subject, to be selected by the committee of the society, the writer to be a resident of the State of Ohio, in good standing in the profession.

Resolved, That this society appoint a committee of five members, who shall receive the competing essays until the first of June next. That within thirty days of that time they shall examine the essays presented, and determine which is entitled to the prize, and report the name of the author and title of the essay to this society at its next regular meeting thereafter. Provided, that no essay presented be thought worthy of the prize, then the committee are to so determine and report to this society accordingly. The essays to be accompanied by a motto, the same motto to be also on a sealed envelope, containing the name and residence of the author, which is not to be opened until after the selection of the essay, and the name of the successful competitor alone to be announced after the decision is made.

Resolved, That the secretary cause due notice of this offer to be

made in the medical journals of this State, together with the names of the committee, and the chairman of the same. The chair appointed Drs. Lawson, Vattier, Murphy, Mendenhall and J. P. Judkins, the committee under the second resolution.

In accordance with the above resolutions of the society, the committee has selected the following subject for competition, viz: "A GENERAL ACCOUNT OF THE DISEASES OF THE STATE OF OHIO, AND THE CHANGES WHICH THEY HAVE UNDERGONE IN THEIR CHARACTER SINCE ITS SETTLEMENT." Any person who offers an essay for this prize, will please to forward it to Prof. L. M. Lawson, chairman of the committee, Cincinnati, (free of postage,) so that it may be received prior to the first day of June, 1851.

GEO. MENDENHALL, M. D.
Rec. Sec. of Med. Chirurgical Soc. of Cincinnati.

STANDING COMMITTEE ON SURGERY OF THE AMERICAN MEDICAL ASSOCIATION.— "The committee is invited to meet in the Charleston Hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren, who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the chairman of the committee by the first of April, at *Augusta, Georgia.* As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

"By extending this notice, the medical periodicals of our country will advance the interests of the American Medical Association, and the editors will confer a favor upon their recent confrere.

PAUL F. EVE, M. D.,
Chairman of the Committee on Surgery."

AMERICAN MEDICAL ASSOCIATION. — The Committee of Arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the secretary, Dr. A. W. DeSaussure, at Charleston, S. C., on or before the first day of April.

In consequence of the resignation of Dr. Stille, one of the secretaries, from ill health, all communications intended for the next meet-

ing of the Association must be addressed to the remaining secretary, Dr. H. W. DeSaussure, Charleston, S. C.

The Fourth Annual Meeting of the American Medical Association will be held at Charleston, S. C., on the 2d Tuesday of May next.

Editors of Medical Journals will please give the above notices an early insertion in their respective Journals.—*Charleston Med. Journal.*

BITTERS FOR THE CLERGY. — A new method is now adopted by one of the vegetable humanitarians to get his bitters afloat. He sends circulars to his Reverences, offering a supply of bitters suitable "for persons engaged in sedentary pursuits, or liable to dyspepsia or indigestion," &c., "for diseases of the stomach and liver it is an absolute specific;" "the proprietor can conscientiously recommend them to the Clergy, as a remedy for the debility which often results from mental exertion," &c., "all he requires in return for supplying them with the preparation is, that they will give it the measure of praise which their experience of its effects shall fairly warrant." This reminds us of an anecdote told of that regenerator of humanity, the proprietor of the Resurrection Bitters. He kept a little shop in the commencement of his career in Broadway. One day a delicate specimen of a country doctor of some six feet six, and a companion, went into the shop and called for a couple of small glasses of brandy, At the polite reply, "we don't sell liquor, sir" — a demand was made for a bottle of the bitters. Knocking off the neck, he threw half of it into a tumbler standing on the counter, and the balance in another, whereupon the worthies drank off their glasses and threw down a shilling. "Our bitters are one dollar, sir." The doctor, well knowing the price of his joke beforehand, threw down his dollar and replied, "Very good brandy, but d—d dear."—*The Scalpel.*

TO A HOOK AND EYE. — Oh! thou accursed little Hypocritical black Devil; thou ingenious instrument of torture; thou apology for the infernal corset; thou deceiver of woman; thou maker of heavy and thickened eyelids; pale cheeks, bloodless lips, deformed breasts,

and ungraceful motions; how long, how long shalt thou continue thy sway over the mind and body of woman; how long shall thy many sins be visited on our climate, our food, and their All-wise Creator? Never shall thy true character be understood, and thyself banished from the toilet of every lovely woman, until Physiology and the pencil are made the basis of her earliest education:—till Richerand, Liebig, Muller, Burdach, and casts from the antique statues, form an essential part of the furniture of every school house in the land. — *The Scalpel.*

Prof. B. W. Dudley's Surgical Contributions. — We are informed by the editor of the Transylvania Medical Journal, "that Prof. Dudley is suffering with an irritable affection of his eyes, which, although not of sufficient gravity to interfere with the ordinary functions of the organs, is aggravated by reading or the use of the pen. A temporary suspension of his valuable contributions, is the consequence of this slight infirmity, but we shall soon be able to resume them. We feel that this explanation is due to our readers and his friends, and are sure that it will be received in the spirit which prompts its publication." We regret the indisposition of this able veteran of the profession. His contributions add great value to the Transylvania Journal, which, *without* them, deserves the highest commendation.

Cholera at Jamaica. — The city of Kingston is said to have lost not fewer than 5,000 inhabitants by the cholera. Several physicians were of the number. The scourge was beginning to slacken at the last accounts. The Kingston Journal says: It has appeared at Radner, a property 3,000 feet above the level of the sea, and the finest climate known on the face of creation; and it has touched similar altitudes in the parishes of Port Royal and St. Andrew. It has been frightfully malignant at Middleton coffee plantation, and has manifested itself at Charlottenburg, Chester Vale, Newton, and other properties, all situated at an altitude that has hitherto defied febrile diseases. — *Scalpel.*

OBITUARY.

We regret to announce the death of two students, belonging to the Medical Class of 1850–'51 in Starling Medical College. A like painful calamity has never before occurred since the establishment of this institution.

Died, at the United States' Hotel, in Columbus, on the 26th of January last, William B. Little, a student of Medicine, aged 25 years.

Mr. Little was born in Rossville, Muskingum county, Ohio, May 29, 1826, received his preliminary education in Marietta, and commenced the study of medicine with his brother Dr. James Little, Jr. of Beverly, O., in March, 1849.

During his attendance upon the lectures at the Starling Medical College Mr. Little distinguished himself as an attentive, indefatigable and intelligent student. Such was the purity of his moral character and correctness of his gentlemanly deportment that he soon won the esteem and friendship of his professors and those of his fellow students who had made his acquaintance. In the language of his brother, we can confidently say, that "no young man, perhaps, had fairer prospects before him than the lamented Little.

Died, at his father's residence, in Columbus, on the 31st of January last, Chester Orson Hall, in the 19th year of his age.

Mr. Hall was born in Elyria, Lorain county, O., in the year 1832, and has resided in our city for the last twelve years. His early advantages were of a superior order, having been kept at the better class of schools and academical institutions most of the time during his childhood and youth—having made rapid proficiency in all his studies, he was always found in advance of most of his class-mates. He commenced the study of medicine in the office of Prof. Howard, in August, 1850, and entered the College class at the opening of the session.

Hall was a young man of much more than ordinary talent. Possessed of a sanguine nervous temperament, an active and well cultivated mind, and of keen susceptibilities—always buoyant and cheerful he naturally became a favorite with his associates and most ardently loved by those who knew him best. His intelligence, though of a high order, was not his rarest endowment. Regardless of his own interests, he sacrificed his comforts and poured out his own means, like water, for the relief of any and every friend who might apply to him for aid. His heart overflowed with kindness

and benevolence. Being ardent and enthusiastic he was often impulsive, but ever disinterested and frequently generous to a fault.

His last illness was of the most painful character. Violently attacked on the 24th of December—he suffered the most agonizing tortures almost every hour, by day and night, till he breathed his last; seldom experiencing the slightest alleviation, unless by the profoundest influence of chloroform, of which he took large quantities, by inhalation. Extensive abscesses formed in his right leg, right arm, over the sternum, and over the lumbar region, and discharged profusely without in the smallest degree assuaging his distress.

The funeral services of both the above young gentlemen were attended by the Faculty and Medical Class, and by a large number of citizens, many of whom accompanied their remains to their final resting place in Green Lawn Cemetry.

Died, on the 14th of December last, at the residence of his brother, Dr. John Nichols, in Kirtland, Lake county, Ohio, Theron Nichols, M. D., aged 28 years and 11 months.

Dr. Nichols was born in Chesterfield, Mass.; he removed to this State some ten years since, completed his academic education and pursued his professional studies; and graduated at the Willoughby Medical College in February 1846. Soon after this he commenced practice in company with Dr. John S. Cleveland, in Huntsburg, Geauga county, where he remained till he located in Warren, Trumbull county, in the Fall of 1847; in which place he continued actively and successfully engaged in practice till a short time before his death. He possessed a sound constitution, active habits, a cheerful temperament, great facility in adapting himself to circumstances, quick perception, discriminating judgment, intellectual powers and attainments of a high order, and the sternest and most unbending integrity. By his moral and social qualities he had endeared himself to a large circle of friends; while his varied attainments, his professional skill and his unblemished christian character, secured him the confidence and respect of all who knew him.

His disease was Chronic Bronchitis, which, though checked and controlled for a time, being aggravated by his arduous labors as a lecturer in the Teachers' Institute in Trumbull county, during the last autumn, hastened his dissolution. Few Physicians of his age gave greater promise of usefulness and eminence in the profession. His contributions to the pages of this Journal, shows that he was one whose loss would be deeply felt in the circle of his acquaintance.